[DATE]

Contact Name

Address

Address2

City,

State/Province

Zip/Postal Code

**RE: NOTIFICATION TO STOP PAYMENT ON CHEQUE**

Dear [CONTACT NAME],

You are hereby requested to place a stop payment order and refuse payment upon presentment of the following cheque:

 Name of Payee:

 Date of Cheque:

 Amount:

 Number of Cheque:

Until you receive further written notice, this stop payment order shall remain in effect. Please advise if this cheque has been previously paid, and the date of payment.

Name of Account

Account Number

 **This form should be reissued after six months.**

Kind Regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]