

Rosenberg Housing Authority

STOP PAYMENT STATEMENT

(Owner name)

states that the following described check was not received by him/her or any person acting for him/her, or was lost after having been received.

PAYABLE TO: _____ DATE: _____

TENANT NAME: _____ CHECK NO: _____

AMOUNT: _____ ACCT NO: _____

I request that a Stop Payment be placed on this check and that a replacement check be issued as soon as possible.

SIGNATURE _____

ADDRESS, CITY STATE, ZIP CODE: _____

HOME PHONE _____ OFFICE PHONE _____