

# R\*STARS

## VENDOR STOP PAYMENT OR CANCELLATION REQUEST FORM

**To: Banking Services Division  
Maryland State Treasurer  
Louis L. Goldstein Treasury Building  
80 Calvert Street  
Annapolis MD 21401  
Fax (410) 974-2076**

**From:**

Please provide Agency address and phone number.  
If information is not provided your request  
will not be processed.

Financial Agency Code \_\_\_\_\_

\_\_\_\_\_ Please place a stop payment on the check described below and reissue the  
check to the same payee with the same address.

\_\_\_\_\_ Please provide a copy of the check described below. **(Email address required).**

\_\_\_\_\_ Please cancel the check listed below. **State reason below, and attach check.**

\_\_\_\_\_ Please Stop and Recover the check listed below. Please state the reason below, check  
not required. \_\_\_\_\_

\_\_\_\_\_ Please issue the check described below from the Unpresented or Undeliverable fund.  
**(Attach Remittance Advice for Undeliverable only).**

\_\_\_\_\_ Please Recover the check described below from the Unpresented or Undeliverable fund.

\_\_\_\_\_ Please reissue the attached stale/mutilated check listed below.

**Note: Address on Reissued Checks will not Change.** If address is not correct,  
“Stop and Recover” or “Cancel” and reissue a new check.

Check Number	Date	Amount	Vendor Number	Payee Name and Address
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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**FOR USE BY BANKING SERVICES PERSONNEL ONLY**

Paid Date

Recovered Date

Completion Date

Date Received