

# FLORIDA STATE DISBURSEMENT UNIT



## State of Florida Disbursement Unit Affidavit for Stop Payment Request

I, \_\_\_\_\_, residing at \_\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_  
Case Number(s) \_\_\_\_\_

Hereby request the following:

**STOP PAYMENT – Please complete the below information for one check only. A complete and signed affidavit must be provided for each lost check.**

Check Number: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Dated: \_\_\_\_\_

Return Form by email to [flsdu.stoppay@smimail.net](mailto:flsdu.stoppay@smimail.net)

Or Mail to:

FLORIDA DISBURSEMENT UNIT  
P.O. BOX 7436  
TALLAHASSEE, FL 32314-7436

I offer the following explanation concerning the negotiation of this instrument. **(If none state 'NONE')**

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I have completely and accurately reported to the State Disbursement Unit (SDU) all the information, knowledge and facts that I possess concerning this check and should anything else concerning this check come to my attention, I will immediately report the information to the SDU. **I understand that if I receive the missing check at any time during this process, and I deposit or cash the check, then I will be held liable for the refund of the check and any fees assessed.**

**In addition, I understand that this affidavit must be COMPLETED, SIGNED, and RETURNED TO THE SDU before a check can be re-issued.**

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check. My signature below indicates I have read and agree to the terms of the process discussed above.

**Under penalties of perjury, I declare I have read this document and the facts stated are true.**

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Area Code) Home Phone

\_\_\_\_\_  
(Area Code) Work Phone

