



CT-11

REQUEST TO STOP PAYMENT OF CHECK

To: County Treasurer Pauline Medrano

Please Stop Payment on the following Dallas County Check:

Date of Check: _____ Check Number: _____

Payable To: _____

Amount: _____ Phone Number: _____

Address: _____

Reason for Stop Payment: _____

Departmental Error? YES _____ NO _____ If yes, please explain: _____

Maker: **Dallas County**

Dallas County Account Number: _____

Is payee requesting stop payment? _____ If not, who? _____

I hereby request the County Treasurer to Stop Payment on the above noted item, and agree to hold the County Treasurer harmless for all liability incurred due to refusal of payment of said item and due to payment contrary to this request if same occurs through inadvertence or accident. This request shall automatically expire and become null and void not more than six months from this date unless revoked or released before that time or extended or renewed for additional periods of not more than six months.

The undersigned agrees to notify the County Treasurer immediately if said check is found or returned, or if for any reason the Stop Payment order should be terminated.

Signature: _____ Date: _____

Amount of Fee Paid (\$20): _____ Department: _____

*******SPECIAL INSTRUCTIONS*******

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Reissue

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Do **Not** Reissue