



KAREN E. RUSHING
Clerk of the Circuit Court and County Comptroller

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For assistance with this Affidavit for Stop Payment form, and return instructions, please visit the Clerk and Comptroller's website, www.SarasotaClerk.com, or contact the Clerk Finance Department at (941) 861-7640. All fields are required.

AFFIDAVIT for STOP PAYMENT

Check #: _____
Date of check: _____
Amount of check: _____
Description / Case #: _____
Payable to (Payee Name): _____

BEFORE ME, the undersigned authority, who is being duly sworn and says that the following information is true and correct according to his/her best knowledge and belief:

My name is _____. I am the lawful payee of the above referenced check and I did not receive said check.

I am requesting that a stop payment be placed on the above check. Should I receive the above described check in the future, I agree to return it to the office of the Clerk of the Circuit Court and County Comptroller.

Should the above check be presented for payment, I agree to fully reimburse Karen E. Rushing, Clerk of the Circuit Court and County Comptroller.

AFFIANT (Signature)
Address: _____

State of _____
County of _____

Sworn to (or affirmed) and subscribed before me personally appeared _____, who is personally known to me, or who produced _____ as identification, and acknowledged to and before me that she/he executed this Affidavit for the purpose therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20_____.

Notary Public / Deputy Clerk
My commission expires: _____