

STOP PAYMENT REQUEST

Owner Name:	_____	Date:	_____
Agent Name:	_____	Owner #:	_____
Client Name:	_____	Agent #:	_____
City, State, Zip:	_____	Client #:	_____

PAYMENT INFORMATION

Payee Name:	_____	Telephone:	_____
Date of Payment:	_____	Check Number:	_____
Payee Physical Address:	_____	Check Amount:	\$ _____
City, State, Zip:	_____	Email Address:	_____

I, _____, declare that I have not received a Dallas Housing Authority payment as of:

Date: _____,

In the amount of: \$ _____,

Payable to: _____,

Nor do I know of anyone who has received, cashed, or deposited the above mentioned payment. I hereby authorize the Dallas Housing Authority to stop payment on this payment as of the form submission date.

****Note:** I understand that once I stop payment, the payment will no longer be valid. The Dallas Housing Authority will not be responsible for any charges if this voided payment is processed.

Owner Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

You must submit this form with an attached valid I.D.