



CITY OF GLENDALE, CALIFORNIA
Office of the City Treasurer

141 N. Glendale Avenue, Room 438
Glendale, CA 91206-4975
Tel (818) 548-2066 Fax (818) 246-5133

Stop Payment and Check Replacement Instructions

To request a stop payment and check replacement, please complete and submit a Replacement Check Affidavit (see attached). Please **email** the completed form to CityTreasurer@glendaleca.gov or **fax** a signed copy to 818-246-5133.

Should you have any questions or need further clarification, please feel free to call 818-548-2066 or email CityTreasurer@glendaleca.gov.



REPLACEMENT OF CHECK REQUEST

Name:

Address:

Date:

Amount:

Check No:

Check Issue Date:

The above check was issued to you and has not been cashed to date. These checks become void after 90 days and if you are still holding the above check, please cash it within the next 10 days. After that we will issue a stop-payment to clear our records.
In the event you have not received this check, please fill in the affidavit below and return it to us and we will proceed with the stop-payment notice and issue a duplicate check.

AFFIDAVIT

COUNTY OF LOS ANGELES] ss
STATE OF CALIFORNIA]

Section II

I, _____, being duly sworn depose and say that the check payable to me, being check No _____ in the amount of \$ _____ was lost, destroyed, or stolen under the following circumstances:

(attach separate sheet if needed). The said check has not been cashed or used by me and the issuance of a duplicate or replacement check is requested under the following terms and conditions: The City of Glendale is authorized to recover and stop payment on said check, and I agree to save the City harmless and free from financial loss. If the City is required to pay said sum of \$ _____ on said original check, or any part thereof, I promise to pay said City any such sum and do hereby authorize deduction or deductions for such repayment.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Executed on _____, at Glendale, California.

Signature

Section III

City Treasurer Use Only:

Check number _____ has not cleared _____ Bank of America _____ bank as of _____.
Stop payment notice was processed with bank on _____. You are authorized to issue duplicate/new check number _____ new _____ to above payee in sum of \$ _____.

Date City Treasurer

Section IV

Finance and Administrative Services Use Only:

Issuance of duplicate check number _____ is approved.

Date Finance and Administrative Services