



**Jill A. Davidson**  
Athens County Auditor

**Stop Payment Authorization Form**

I, \_\_\_\_\_ authorize the Athens County Auditor's Office to stop payment on the following Athens County Warrant:

Warrant (Check) Number: # _____
Made Out To: _____
Dated: _____
Amount of \$: _____

I certify that this warrant has been lost, stolen, or has not been cashed by me and is no longer in my possession.

\_\_\_\_\_  
**Signature**

Sworn to in my presence by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Notary Public**

