



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: # _____	Vendor Number: # _____
Name Check was Issued to: _____	
Check Date: ____ / ____ / ____	Check Amount: \$ _____
Reason for the Stop Payment: _____	
<input type="checkbox"/> Re-Issue	<input type="checkbox"/> Do Not Re-Issue

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 _____,
_____.

Notary Public

