



Jill A. Thompson

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 or stolen, has not been cashed by me and is no longer in my possession. _____

Sworn to in my presence by _____, this _____ day of _____, _____.

Witness

Notary Public

Witness