



## PAPER CHECK STOP PAYMENT/REISSUE REQUEST FORM

Please issue a duplicate check for the following reason:

- Original Check never received
- Original Check was destroyed or lost
- Other: \_\_\_\_\_

### Supplier/Vendor Information:

ABCWUA Supplier ID: \_\_\_\_\_ Entity Legal Name: \_\_\_\_\_ Federal Tax ID Number or Social Security Number: \_\_\_\_\_

Remit to Address (Number and Street): \_\_\_\_\_ City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Contact #1 Name & Title: \_\_\_\_\_ Contact #1 Email Address: \_\_\_\_\_ Contact #1 Phone Number: \_\_\_\_\_

### Check Information:

Check Date: \_\_\_\_\_ Check No: \_\_\_\_\_ Check Amount: \_\_\_\_\_

**Signature Line:** I hereby authenticate that the above information is accurate. Additionally, if I do receive or find the original check I will not cash it, and will immediately return the check to the ABCWUA, PO BOX 528, Albuquerque, NM 87103

Authorized/Delegated Official Name & Title (Print): \_\_\_\_\_ Authorized/Delegated Official Email: \_\_\_\_\_ Authorized/Delegated Official Phone Number: \_\_\_\_\_

Authorized/Delegated Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: Accounting Division  
Email: [msortiz@abcwua.org](mailto:msortiz@abcwua.org)  
Mail: PO BOX 568, Albuquerque, NM 87103  
Phone: (505) 289-3270