



Stop/Lift Stop Payment Request Form

Requesting:

Stop Payment

Lift Stop Payment

Payee Name (as written on the warrant): _____

Warrant Number: _____

Account Number: _____

Amount: _____

Issue Date: _____

Reason for Stop (if you are requesting a lift on a stop payment no reason is necessary):

Lost

Stolen

Void

Destroyed

Other

Explanation: _____

Requestor Contact Information:

Name: _____

Agency: _____

Phone Number: _____

Email: _____

**** A confirmation email will be received within one business day of the request. If you have any questions please contact Treasury at Treasury.ARP@tn.gov.**