

# STOP PAYMENT REQUEST FORM

TO: New York District Council of Carpenters Benefit Funds  
395 Hudson  
New York, NY 10014  
Ph: 212-366-7300 Fax: 212-366-3326 or 7550

Attn: \_\_\_\_\_ Fund

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \_\_\_\_\_

This is to advise you that I have not received the above listed check. **Please issue a Stop Payment order on this check.**

I understand that if the check should arrive after I have sent this request, **I cannot endorse it, cash it, assign it, or otherwise negotiate it, but must return it to your office.**

## CERTIFICATION

The undersigned certifies and says that he/she has read the above Stop Payment Request form in its entirety, signed it voluntarily, acknowledges the truthfulness of the statements contained therein, agrees to comply with its terms and understands that in the event of a willful misrepresentation or noncompliance with the terms, that he or she is subject to possible criminal prosecution and other penalties as proscribed by law.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Telephone # \_\_\_\_\_

.....  
**If applicable, please indicate your new address below, and have this section signed before a Notary Public:**

**New Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_  
to me known and known to me to be the person described in and who executed the foregoing  
statement and (s)he duly acknowledged to me that (s)he executed the same.*

*Notary Public*