

STOP PAYMENT FORM

DATE: _____

INFORMATION ABOUT PERSON AND/OR BUSINESS WHO TOOK THE CHECK:

1. BUSINESS NAME: _____

2. ADDRESS: _____

3. CITY, STATE AND ZIP CODE: _____

4. MAILING ADDRESS IF DIFFERENT: _____

5. PHONE NUMBER: _____

6. PERSON WHO TOOK THE CHECK: _____

7. CAN PERSON WHO TOOK THE CHECK ID THE CHECK WRITER? _____

8. WHAT WAS THE CHECK GIVEN FOR? _____

9. DESCRIBE THE SERVICE AND/OR MERCHANDISE: _____

10. WAS THE MERCHANDISE RETURNED TO YOU? _____

IF THE CHECK WAS FOR SERVICE, WAS THE SERVICE COMPLETED? _____

DID THE CHECK WRITER OR A REPRESENTATIVE OF THE CHECK WRITER EXPRESS AT ANY TIME DISSATISFACTION WITH THE SERVICE AND/OR MERCHANDISE? _____ IF YES, PLEASE EXPLAIN: _____

11. HAVE YOU MADE CONTACT WITH THE CHECK WRITER AS TO THE REASON PAYMENT WAS STOPPED? _____

NAME OF PERSON YOU SPOKE TO: _____

PLEASE STATE THE REASON GIVEN TO YOU: _____

INFORMATION ABOUT THE CHECK WRITER

THIS INFORMATION IS FOR THE PURPOSE OF FURTHER INVESTIGATION OF THE CASE AND/OR SERVING A WARRANT OF ARREST.

1. NAME: _____
2. NICKNAME: _____
3. ADDRESS: _____
4. DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____ STATE: _____
5. PLACE OF EMPLOYMENT: _____
6. DO YOU KNOW THE CHECK WRITER? _____ WHAT IS YOUR
RELATIONSHIP WITH THE CHECK WRITER? _____
7. PHYSICAL DESCRIPTION: MALE OR FEMALE _____ HAIR COLOR: _____
EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____
IDENTIFYING MARKS OR TATTOOS (GIVE DESCRIPTION AND LOCATION):

8. WHAT DATE WAS THE CERTIFIED LETTER SENT TO THE CHECK WRITER?

WAS THE CERTIFIED LETTER SIGNED FOR OR UNCLAIMED: _____
9. IF THE CHECK WRITER RECEIVED THE CERTIFIED LETTER, HAVE YOU HAD ANY
RESPONSE? _____ IF YES, WHAT WAS STATED: _____

WITNESS STATEMENT/AFFIDAVIT

PLEASE COMPLETE THE FOLLOWING WITNESS STATEMENT/AFFIDAVIT. DESCRIBE THE INCIDENT IN AS MUCH DETAIL AS POSSIBLE. ATTACH ADDITIONAL PAGES TO THIS PAGE, IF NEEDED.

AFFIDAVIT

STATE OF TEXAS
COUNTY OF COMAL

MY NAME IS _____. I AM OF SOUND MIND AND CAPABLE OF MAKING THIS AFFIDAVIT. I UNDERSTAND THAT THIS IS A SWORN STATEMENT AND MAY BE USED IN COURT. I AM PERSONALLY ACQUAINTED WITH THE FOLLOWING FACTS WHICH ARE TRUE:

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME BY _____, A COMPETENT AND CREDIBLE PERSON, ON THIS _____ DAY OF _____, _____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS
MY COMMISSION EXPIRES: _____