



OFFICE OF THE TREASURER
TOWN OF HADLEY
100 MIDDLE STREET
HADLEY, MA 01035
Phone: 413-586-3354 - Fax: 413-586-7686
treasurer@hadleyma.org

STOP PAYMENT REQUEST FORM

By completing this form, you are authorizing the Town of Hadley to place a stop payment on a check that was issued to you. Stop payments will be processed after a mailed check has been missing for fourteen (14) days. Forms may only be completed by the individual to which the check was issued. Please allow five (5) business days for the re-issue of your check.

Once the form is completed, you may, scan and email it, or fax it, or hand deliver the Stop Request Form to the Treasurer's office. Forms that are not signed will not be processed.

Last Name	First Name	MI
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Street Address	City	State	Zip
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Phone Number	Email Address
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Signature	Today's Date
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Check #:	Check Date:	Check \$:
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Reason for request: _____ Check not received
_____ Check lost
_____ Check Damaged
_____ Check stolen

My signature above confirms that I am requesting a stop payment on the check listed above and a replacement check be issued to me, if applicable. If the check has been or will be cashed, I agree to assist the Town of Hadley in seeking to recover these funds by completing and signing an Affidavit of Forgery.

Further, if through some misunderstanding, I am the recipient of funds from both the original and replacement checks, I will repay the Town of Hadley the full amount due immediately.

NOTE: In the event you receive or find the original check after you submit this form, return the check to the Town of Hadley. Do not attempt to cash or deposit it.