

STATE OF CALIFORNIA - STATE TREASURER
STOP PAYMENT REQUEST STD. 432 (Rev. 10/2019)

ACCOUNT #	CHECK #
ON (Submission Date)	IS CHECK TO BE REISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO
YOU ARE AUTHORIZED TO <input type="checkbox"/> STOP PAYMENT <input type="checkbox"/> RELEASE STOP PAYMENT <input type="checkbox"/> CONFIRMATION	
REASON <input type="checkbox"/> STOLEN OR MISSING BLANK STOCK CHECK(S) <input type="checkbox"/> STALE DATED CHECK (OVER 1 YEAR OLD) <input type="checkbox"/> OTHER _____	
ACCOUNT NAME PAYEE NAME ISSUE DATE AMOUNT \$	
STATE TREASURER'S ACKNOWLEDGEMENT <input type="checkbox"/> STOP PAYMENT <input type="checkbox"/> RELEASE <input type="checkbox"/> NOT CHECKED FOR PAYMENT	
AGENCY CONTACT PERSON (Type or Print)	TELEPHONE NUMBER (ATSS)
AGENCY AUTHORIZED SIGNATURE	TREASURER'S AUTHORIZED SIGNATURE DATE EFFECTIVE

ISSUING AGENCY MAILING ADDRESS

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