



STOP PAYMENT REQUEST
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 1225 (4-2024)

This form is completed to stop a payment via check and/ or reissue payments for programs within the Economic Assistance Section.

Date			
Name of Person Completing the Form			
Program			
Check Number		Check Date	Check Amount
Payable To			
Mail Affidavit and Replacement Check To Address		City	State ZIP Code
Department Number	Department Name		
Reissue Check	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Submit Form To Finance			