New York State Department of Taxation and Finance
Division of the Treasury

Request for Stop Payment, Replacement Check, Photocopy of Check, or Forgery Affidavit

Agency information — All fields **must** be completed.

Agency code or business unit (5 digits)		Telephone number ( )	Fax number ( )
Agency name		Printed name of agency representative	
Agency street address		Signature of agency representative	
City	State ZIP code	E-mail address of agency representative	

Check information — All fields **must** be completed.

Check number (8 digits)	Check date	Check amount
Payee name		

☐ Payee has reviewed previously provided photocopy, send forgery affidavit.

Voucher information – Identify the voucher(s) your agency is requesting to be changed.

Voucher ID	Payment amount
Voucher ID	Payment amount

Vendor checks

Mark an ***X*** in the applicable box: ☐ Regular vendor* ☐ Single vendor**

Prior to making any requests, first refer to the Statewide Financial System (SFS) Stale Report (NYTR1652) to determine if the check has been returned to Treasury, and why it was returned.

☐ **Payee lost check or check is damaged —** Reissue with no changes. The original check will be stopped and a new check will be issued with a new check number. Refer to the voucher for reissuance information. If cashed, provide photocopy.

☐ **Payee not entitled to all or part of payment —** Cancel check and close vouchers specified in the *Voucher information* section. Agency must create a new voucher for the portion that the payee is entitled to. If cashed, provide photocopy.

☐ **Payee never received check —** Address was correct. Reissue with no changes. The original check will be stopped and a new check will be issued with a new check number. Refer to the voucher for reissuance information. If cashed, provide photocopy.

☐ **Payee never received check —** Address was incorrect. See *Regular vendor* or *Single vendor* instructions below as appropriate.

Regular vendor — Reissue with correct address (provide correct address below). Prior to submitting request, the agency or vendor **must** update the New York State (NYS) Vendor File. The original check will be stopped and a new check will be issued with a new check number and the correct address. Refer to the voucher for reissuance information. If cashed, provide photocopy.

Street address		
City	State	ZIP code

Single vendor — Cancel check and close related vouchers. The original check will be stopped and the agency must create a new voucher with correct address. If cashed, provide photocopy.

*A *Regular vendor* is a vendor that is registered to do business with NYS. They are approved, managed, and assigned a unique 10-digit vendor identification (ID) number by the Office of the State Comptroller's Vendor Management Unit.

**A *Single vendor* is a vendor whose specific information is not managed by the Office of the State Comptroller's Vendor Management Unit.

Payroll checks

☐ **Cancel check and reissue —** The original check will be stopped and a replacement check will be issued with the same check number. If cashed, provide photocopy.

Fax this completed form to the NYS Division of the Treasury — Depository Control Unit **(518) 435-8625**. If you have questions call the Division of the Treasury at (518) 486-1268 or (518) 402-4123.