

**STOP PAYMENT REQUEST FORM**

To: New York City District Council of Carpenters Benefit Funds  
395 Hudson Street  
New York, NY 10014

Attention: \_\_\_\_\_ Fund

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

This is to advise you that I have not received the above listed check.

**Please issue a stop payment order on this check.**

I understand that if the check should arrive after I have sent this request, **I cannot endorse it, cash it, assign it or otherwise negotiate it, but must return it to your office.**

**CERTIFICATION**

The undersigned certifies and says that he/she has read the above Stop Payment Request form in its entirety, signed it voluntary, acknowledges the truthfulness of the statements contained therein, agrees to comply with its terms and understands that in the event of a willful misrepresentation or noncompliance with the terms, that he or she is subject to possible criminal prosecution and other penalties as proscribed by law.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Tel. #: \_\_\_\_\_

If applicable, please indicate new address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_