~~~~**REQUEST TO REISSUE/CANCEL CHECK**

Name DOC number Current location

Check number:       Date of check:       Amount:

Payee on check:

Check created at facility:

Stop Payment (YES/NO)

**This information is on your statement.**

I verify that I did not receive any goods or services from the check issued above. I also consent to have funds withdrawn from my account in the amount of the check if the check is ever presented for payment. If I do not have funds available on my account, I acknowledge a debt will be created for the amount of the check.

If request is to reissue include pre-franked addressed envelope.

Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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