

REMITTER STOP PAYMENT REQUEST

DCSS 0748 (08/15/2018)

Use this form to submit a stop payment request. Once the form is complete, please click on the "Submit to SDU" button to send the form to the California State Disbursement Unit.

If clicking on the submit button does not populate an email, please email the form as an attachment to **CASDU.Stop.Request@Conduent.com** or call **(866) 901-3212** to provide this information to an SDU representative.

Section I: Remitter Contact Information:

Name:	
Employer Name:	
Phone Number:	
Email Address:	

Section II: Financial Instrument Information:

Routing Number:	
Account Number:	
Check Number:	
Check Date:	
Check Amount:	

Section III: Associated Identifier:

Par ID/Case Number:	
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Section IV: Additional Required Information:

Has a stop payment been placed through the bank?: Yes No

Reason for the stop payment (missing or issued in error):