



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

Finance Dept. 2600 Wilshire Blvd Los Angeles, California 90057
Fax Number 213-383-8249 • E-mail Finance@hacla.Org

STOP PAYMENT REQUEST FORM

FOR CHECKS ONLY

I am formally requesting that the Housing Authority of the City of Los Angeles place a stop payment on the check below. I am also requesting the check be reissued to me on the next available payment process.

Type of payment \_\_\_\_\_ UAP (Utility Assistant Payment) \_\_\_\_\_ HAP (Housing Assistant Payment)

For the Month of \_\_\_\_\_ (please indicate month and year of missing check)

Vendor/Tax ID No. (last four digits) \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

Property Address (not applicable to Tenant) \_\_\_\_\_

\*\*\*\*\*COPIES OF VALID PICTURE ID ARE REQUIRED FOR ALL REQUESTS\*\*\*\*\*

(If Payee is an entity, please include authorized signatory's ID)

Has your mailing address recently changed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your address has changed, please notify HACLA immediately:

HAP - Owner Services Unit 2600 Wilshire Blvd 5th Floor Los Angeles, Ca 90057. Owners.Services@Hacla.Org

UAP - Section 8 Advisor

I agree that if I should receive the original check at a later date, I WILL RETURN THE CHECK, MARKED "VOID," To THE HOUSING AUTHORITY OF THE CITY OF LOS ANGELES, 2600 Wilshire Blvd Los Angeles Ca 90057. I understand the replacement check will only be mailed to the address on file, or if currently enrolled on direct deposit check will be deposited to the account on record.

Payee Signature

Date

FINANCE USE ONLY

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Account # \_\_\_\_\_