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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

REQUEST FOR REPLACEMENT PAYMENT

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

A. Please place a stop payment on the following:

Owner's Tax ID or Social Security #: _____ Vendor/Account #: _____

ACH #: _____ Dated: _____ Amount: _____

Payable to: _____

B. The reason for requesting a stop payment is:

C. Endorsement was as follows (if not endorsed, so state):

In consideration of the issuance of a new check in replacement of the above-described check, the undersigned shall indemnify CHA from any and all loss and expense which CHA may incur or sustain because of the issuance of said new check without the surrender and cancellation of the check as described in item A above.

D. Each Payee, or an authorized agent, must sign this request.

Signature(s)

Address

City

State

ZIP Code

Email Address

Telephone Number

Note: Submit all completed documents (this form, W-9, Direct Deposit Authorization Agreement) along with a voided check or savings account deposit slip to:

CHA Housing Choice Voucher Program

Attn: Finance Department
60 E. Van Buren, 11th Floor
Chicago, IL 60605-1207
Fax: 312-786-3661