



BANKING ST-151
R*STARS VENDOR CHECK
STOP PAYMENT OR
CANCELLATION

BANKING ST151 - SECTION I.

Banking Services Unit
Maryland State Treasurer
80 Calvert Street, Ste 414
Annapolis, MD 21401
Ph: (410) 260-7270
Email: ST151_Vendorchecks@treasurer.state.md.us

Date:
 Agency Name:
 Agency Address:
 Address Cont'd:
 Agency Phone:
 (Request will not be processed without Agency information)

BANKING ST151 - SECTION II.

*****IMPORTANT*****

1. Use this Banking ST-151 form for checks in the following statuses: I, M, & P
 - If check is in "U" Status, contact General Accounting Division at 410-260-7814
2. **Stop & Re-Issue 45-Day Policy:** Stop & Re-Issue request (**without an attached check**) with no changes or updates to the vendor address will be processed 45 days from the issue date of the check. The same requests previously mentioned, with an issue date greater than 45 days or those with the vendor check attached, will be processed as normal, original check is not required. Vendor check will be mailed to the same payee and the same payee mailing address.
3. **Stop & Recover 45-Day Policy:** Stop & Recover request (**without an attached check**) due to a new, incorrect, or changed vendor address will be processed 45 days from the issue date of the check. The same requests previously mentioned, with an issue date greater than 45 days or those with the vendor check attached, will be processed as normal.
4. State agencies may submit a "custom request" via email, with (**supporting documentation**), to have a vendor check stop payment processed within the 45-Day Policy, requiring Banking Services approval.

BANKING ST151 - SECTION III.

With (No Check Attached) the Agency confirms that as of today's date, 45 days have passed since the issue date of the vendor check.

(Select One)

1. **CHECK COPY:** Please provide a copy of the check described below. Check copy will be emailed to the authorized signer on this request.
2. **CANCEL:** Please cancel the check listed below. **Provide valid reason below & ATTACH PHYSICAL CHECK**

Reason Req:

3. **DELETE AND REISSUE:** Please reissue the attached stale/mutilated check listed below. **ATTACH PHYSICAL CHECK**
4. **STOP AND RECOVER:** Please Stop and Recover the check listed below. Proper backup documentation & valid reason is required. Check is not required. (**See above regarding 45-day policy.**)

Reason Req:

5. **STOP AND REISSUE:** Please place a stop payment on the check described below and reissue the check to the same payee with the same address. . (**See above regarding 45-day policy.**)

BANKING ST151 - SECTION III.

All original check payment information listed below must be completed on this form.

1. Financial Agency Code:	2. Vendor Number:
3. Check Number:	4. Check Issue Date:
5. Check Amount:	6. Vendor Name:
7. Vendor Address:	
8. Auth. Signer Name:	9. Auth. Email Addr:
10. Auth. Signer Signature	