



## STOP PAYMENT / REISSUE REQUEST

**TO:** EL PASO CONSOLIDATED TAX OFFICE  
WELLS FARGO PLAZA, THIRD FLOOR  
221 N KANSAS STREET, SUITE 300  
EL PASO, TEXAS 79901; PH (915) 212-0106, FAX (915) 212-0108,  
EMAIL: TAXFORMS@ELPASOTEXAS.GOV

**FROM:** \_\_\_\_\_

Requestor Printed Name

Phone Number

OR

Email address

**RE:** PID #: \_\_\_\_\_ CHECK#: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PAYEE: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

**ACTION:** (PLEASE CHECK ACTION TO BE TAKEN)

VOID ONLY

VOID & REISSUE

VOID & TRANSFER

TRANSFER TO: \_\_\_\_\_

(IF NAME AND/OR MAILING ADDRESS IS DIFFERENT FROM ORIGINAL CHECK, COMPLETE THE FOLLOWING INFORMATION)

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**REASON:** (PLEASE CHECK REASON)

Stale Date (Past 90 days from issue date)

Incorrect Amount

Never Received

Incorrect Address

Lost By Payee

Erroneous Refund

Wrong Payee (Must provide Proof of Payment)

Other - \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Requestor Signature**

\_\_\_\_\_  
**Date**

\* Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years or \$5,000.00 fine, or both. (2) Imprisonment up to one year, or fine not over \$2,000, or both. (Section 37.10 Penal Code) \*