

SURETEC INFORMATION SYSTEMS, INC.

AUTHORIZATION REQUEST TO STOP PAYMENT

ACCOUNT NAME: _____

I hereby authorize SureTec Information Systems, Inc. to Stop Payment on

Check # _____ Amount: _____ Dated: _____

Payee: _____

REASON FOR STOP PAYMENT: _____

I UNDERSTAND THAN ANY APPLICABLE FEE FOR THIS REQUEST WILL BE DEDUCTED FROM THE ABOVE REFERENCED ACCOUNT, AS AGREED IN THE FUNDS DISBURSEMENT AGREEMENT.

CONTRACTOR'S COMPANY NAME: _____

REQUESTED BY: _____

Name and Title (Please Print)

Signed: _____

Dated: _____

SureTec Information Systems, Inc.

Approved By: _____

Dated: _____