

This form is part of the Stop Payment letter. However, OCC states this form should be an OBM form.

REQUEST TO STOP PAYMENT AND REISSUE DISASTER ASSISTANCE CHECK

Schedule Number: {MCHK_SCHED_NR}

Amount: \${MCHK_AMOUNT}

Due to circumstances beyond my control, I am not able to locate and/or cash the U.S. Department of the Treasury check issued to me for disaster assistance from the Federal Emergency Management Agency (FEMA).

Therefore, I, _____, would like to request that FEMA stop payment on the check previously issued to me and reissue a check to me in the same amount.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

My current mailing address is: _____

