



OBM

Agency Authorization for Stop Payment and Warrant/EFT Cancellation

Section 1 - Agency Contact Information

Agency _____ Date _____

Authorized By _____ Title _____

Signature _____ Phone _____

E-mail _____

The following employee(s) whose signature(s) appear below are authorized by our agency to submit Stop Payment and/or Warrant/EFT Cancellations forms to the Office of Budget and Management.

Section 2 - Authorized Employees

<u>Employee(s) Name</u>	<u>Employee(s) Signature</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Submit To: Office of Budget and Management Payment Issuance Unit 30 E. Broad St., 34th Floor Columbus, OH 43215	Questions? Please Contact Us: Phone : 1-614-466-4034 Fax: 1-614-485-1011 Website: OBM.Ohio.Gov
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