

STATE OF IDAHO - STARS
ROTARY SIGHT DRAFT STOP PAYMENT
For Agency Convenience Only – Do Not Send to SCO

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

Please select appropriate process listed below:

Rotary Stop Payment		Lift	
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Rotary Sight Draft Number:	
Rotary Fund:	
Amount:	
Date of Issue:	
Name of Payee:	
Reason for stop-payment or lift:	

Authorized by:	
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