



Stop Payment Request Form

A refund/financial aid check, # _____, in the amount of \$ _____ was mailed to me on _____.

I affirm that:

As of this date, I have not received the check.

The check was received by me and was subsequently lost, misplaced or destroyed.

The check is now stale dated/void (check attached)

I am requesting a place stop payment on this check. I acknowledge that this process can take up to **15 business days** and that if I subsequently receive or recover the original check it will not be negotiable and must be returned to the Bursar’s Office. I understand that if for any reason the original check is cashed after receiving a replacement check or after the funds have been disbursed into my bank account that my university records will be placed on **HOLD** and I will be responsible for repayment of the amount of the original check.

Apply my check to my account to pay for charges/fees/tuition.

***If the university is owed money from a current or past term, all or part of the check will be applied to my student account.**

The replacement check will be mailed to myself and I understand that the check will be mailed to my local mailing address on file, it is my responsibility to make sure the correct address is on file.

***eDeposit will not receive a check**

Provide a copy of the front and back of the check, if the bank shows it has been cashed or paid.

Student ID _____ **Phone** _____

Name _____ **Email** _____

Signature _____ **Date** _____

Completed form can be submitted at the Bursar’s Office or mailed to the below address