

PAPER CHECK STOP PAYMENT/REISSUE REQUEST FORM

**Please Note, this form is not to be used for direct deposit refunds*

Please complete all information below (incomplete forms will not be processed) and submit to STUDENT ACCOUNTS OFFICE in person, mail or fax (address and fax above.)

Name _____ Student I.D. _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____

Please issue a duplicate check for the following reason:

_____ I never received the original check.

_____ The original check was destroyed or lost.

_____ Other Reason: _____

Check Date _____ **Check No.** _____ **Check Amount \$** _____ **Semester (Optional)** _____

I hereby authenticate that the above information is accurate. Additionally, if I do receive or find the original check I will not cash it, and will immediately return the check to the Office of Student Accounts at the address above.

In the event that I cash, deposit, or receive via direct deposit both the original and replacement checks, I understand that I will be responsible for any balance created by the duplicate refund. I understand that this balance will prevent future registration, the release of transcripts, and graduation. If I fail to make payment when due, I understand that I may be subject to collection activity, including litigation, for the entire amount owed plus late payment fees and collection costs.

Signature _____ Date _____

Student Accounts Use ONLY:

Address_Ph Same as BANNER Address_Ph different and changed in BANNER DATE _____ BY _____

Check Number _____ Check Date _____ Check Amount _____

Check Verified NOT Cashed Verification Attached Check Cashed Student Informed of Fraud Procedure

Form Sent to Finance: **Staff** _____ **Date** _____

Finance Department Use ONLY:

Stop Pay at Bank by: _____ Date: _____

Reissued and Mailed to Student; Check No: _____ Date: _____