



STUDENT STOP PAYMENT REQUEST

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student ID #: \_\_\_\_\_

Refund Check: \_\_\_\_\_  
(Date) (Amount)

Reason for Request: \_\_\_\_\_

Stop payments will be placed 14 business days from the date of refund at no charge. If you wish to place a stop payment prior to 14 business days, a \$25.00 fee will be automatically deducted from your replacement check provided the original check has not been cashed. There are no exceptions or appeals for this fee.

Please select one of the following:

- \_\_\_\_\_ Process Request after 14 business days from date of refund - (NO CHARGE)
- \_\_\_\_\_ Process Request immediately - (\$25.00 FEE)

Please select one of the following:

- \_\_\_\_\_ Please hold reissued check for pick up in the Bursar's Office
- \_\_\_\_\_ Please mail to address listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF CERTIFICATION: I certify that the information given on this form is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

FOR FINANCE/BURSAR OFFICE USE ONLY

Initial Refund Check:	_____	_____
	Date	Check Number
Replacement Check:	_____	_____
	Date	Check Number