



**OFFICE OF THE BURSAR  
CHECK STOP PAYMENT REQUEST**

**IMPORTANT:** If you receive the original check in the mail after you submit this Check Stop Payment Request, you cannot cash the check. Please either destroy the original check or return it immediately to the Bursar's Office.

REQUEST DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ UIN: \_\_\_\_\_  
PLEASE PRINT

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

REASON FOR REQUEST (please check one):

ADDITIONAL COMMENTS:

- LOST CHECK
- STALE DATED
- STOLEN CHECK
- DISPUTE PAYMENT

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

STUDENT SIGNATURE: \_\_\_\_\_

**----- BURSAR'S OFFICE ONLY BELOW THIS LINE -----**

STOP PAYMENT APPROVED BY: \_\_\_\_\_

CHECK DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_ ACCOUNT DRAW ON: \_\_\_\_\_

CHECK ACTIVITY: \_\_\_\_\_ BANK NOTIFIED BY: \_\_\_\_\_

NEW CHECK #: \_\_\_\_\_ NEW CHECK DATE: \_\_\_\_\_

NOTIFIED FINANCE & ACCOUNTING BY EMAIL (please circle one):      YES      NO