

STOP PAYMENT REQUEST

Mail or Fax to:
Southern Connecticut State University
501 Crescent Street New Haven, CT 06515
Accounts Payable Department – Wintergreen Building
Fax: (203) 392 - 9990

Payee Name: _____ ID(Students) _____

Permanent Address: _____

(Students: Address will be updated with the Registrar. May not be a campus address)

Date of Request: _____ Telephone#: _____

Check Number: _____ Check Date: _____

Amount: _____

I certify that the check indicated above has not been received. I request that a stop payment order be placed and a new check issued and mailed to the permanent address listed above. I agree that in the event the original check is subsequently received, I will immediately return it to the University.

I certify that the check indicated above has been lost. I request that a stop payment order be placed and a new check issued and mailed to the permanent address listed above. I agree that in the event the original check is located, I will immediately return it to the University.

The check indicated above was not cashed within the allotted 60-day period and is no longer valid. I am returning the original check to be voided and ask that a new check be issued and mailed to the permanent address listed above.

Do not reissue. Reason _____

Payee's Signature _____ Date _____

For Accounts Payable use only:

Date bank contacted: _____ Ref# _____

____ Check is outstanding, stop payment placed
____ Check cashed on _____ cannot place stop payment.

Date stop payment confirmed by bank: _____

Invoice number: _____ Date voided in Banner: _____

Replacement check #: _____ Date of replacement check: _____

Date replacement check mailed: _____

Initials – Accounts Payable Personnel