

# STOP PAYMENT REQUEST

**Mail or Email to:**  
**Southern Connecticut State University**  
**Accounts Payable Department – Wintergreen Building**  
**501 Crescent Street New Haven, CT 06515**  
**accountspayable@southernct.edu**

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*The check indicated above was not cashed within the allotted 60-day period and is no longer valid.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