

# 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.*

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*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.*

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*The check indicated above was not cashed within the allotted 60-day period and is no longer valid.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

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*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

Revised 9/15/2022