

## Stop Payment Request

**Payroll Check**

Payee to complete the following:

Name \_\_\_\_\_

Social Security \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Amount of Payment (if known) \_\_\_\_\_

Reason for Stop Payment *Check one*

Never received by Department

Lost/misplaced/destroyed after receipt

**Accounts Payable Check**

Payee/Department to complete the following:

Payee Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Amount of Payment \_\_\_\_\_

Payment Ref # \_\_\_\_\_

Reissuance: Yes  No

Reason for Stop Payment (explanation): \_\_\_\_\_

University Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature* *Current Date*

### For Accounting Office Use Only

Check Number \_\_\_\_\_ Check Date \_\_\_/\_\_\_/\_\_\_ Check Amount \$ \_\_\_\_\_

IC Number \_\_\_\_\_

Fee YES \_\_\_ NO \_\_\_

Delivery MAIL \_\_\_ PICKUP \_\_\_  
*If to be mailed, verify address*

Cleared Thru Last Bank Statement YES \_\_\_ NO \_\_\_ Statement Date \_\_\_\_\_

Comments: \_\_\_\_\_

Staff processing Stop Payment \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Stop Payment sent to Bank \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_