

Student Business Services 1500 University Center A Tallahassee, FL 32306-2394

Ph: (850)644-9452 Fax: (850)644-5142

StudentBusiness@fsu.edu

Stop Payment Request

Procedure: Completing a Stop Payment Form

Overview: The Stop Payment Request Form is a means by which departments may request that a "stop-payment" be placed on a check. By placing a stop payment on a check, a department is requesting that we prevent the check from being deposited or cashed, effectively "cancelling" the check. Stop Payments will be processed after a mailed check has been missing for fourteen (14) days.

I. Locating the Form

- a. The form can be found on the Controllers website at <u>controller.vpfa.fsu.edu/Business-Forms</u> Click the "Stop Payment Request" link.
- b. The form may be requested from Student Business Services by contacting Bob Sherrod at (850)644-9446.
- c. This form may only be used for checks which were printed by Student Business.

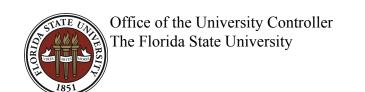
II. Completing the Form

- a. Begin by writing the appropriate information for the individual or entity to whom the check was made payable in the "Name", "EMPLID", "Address", "Phone" and "Email" lines.
- b. At the bottom of the form, write the reason for the stop payment, who the check was made payable to, the year and term that the check was cut, the check number, the amount of the check, and the date of the check.
- c. Check the box which corresponds with your desired means of delivery, either to be picked up in our office, or mailed to the address which was provided at the top of the form.
- d. Sign and date the form.

III. Submitting the Form

- a. The form may be faxed to (850)644-5142.
- b. The form may be mailed to: Student Business Services Florida State University University Center A, Room A1500 Tallahassee, FL 32306-2394
- c. Please send the form to the attention of Bob Sherrod.

Please allow up to three days for stop-payment processing.



Stop Payment Form, SB-07, Revised 01/15

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Stop Payment Request

	Emplid	1:	
·s:	Phone:		
5.	I none.		
	Email:		
Agreement:			
• I understand that a rep	be dated 10 business days prior to the date of this relacement check will not be issued to me until nk and verification that the check has not already	il Florida State	-
Office Box 3062394, Tall It is my responsibility as phone numbers. These m mailed to an incorrect add If the check subject to the	s a student to maintain my Student Profile on must be updated no later than the fourth day of class	yFSU, includir ses each semeste	ng my current addresses er to prevent my check be
Indemnification:	nt Request and Indomnincation form.		
I request that the reissued check ☐ EFT to bank account ☐ Held Reason: ☐ Never Received ☐	I in the Office for Pickup		Used to Return Lo
Year/Term: Check No	umber: Check Amount:		Check Date/ GL Post:
Signature (Must be Perent to request star			
Signature (Must be Parent to request stop	payment on PLUS loan) Office Lice Only Polosy This Lines	Date	
Signature (whist be Farent to request stop	Office Use Only Below This Line:		Dur
Received by:	Office Use Only Below This Line: This check was verified to be outstanding	: Date:	By:
	Office Use Only Below This Line:	:: Date:	
Received by:	Office Use Only Below This Line: This check was verified to be outstanding Confirmation of stop payment received from	:: Date:	
Received by:	Office Use Only Below This Line: This check was verified to be outstanding Confirmation of stop payment received from the bank: Agency: 20000020173	Date:	By: By:
Received by: Check Notes / Comments	Office Use Only Below This Line: This check was verified to be outstanding Confirmation of stop payment received from the bank: Agency: 20000020173	Date: Date:	By:

Date Mailed:

By:_