



## 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 [controller.vpfa.fsu.edu/Business-Forms](http://controller.vpfa.fsu.edu/Business-Forms)  
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 Request

Name:  Emplid:

Address:  Phone:

Email:

### Agreement:

- The original check must be dated 10 business days prior to the date of this request.
- I understand that a replacement check will not be issued to me until Florida State University receives written confirmation from the Bank and verification that the check has not already been paid or that some other action to pay the check has not been taken.
- If the original check is found, I will return it to the Office of Student Business Services, A1500 University Center, Post Office Box 3062394, Tallahassee, FL 32306-2394.
- It is my responsibility as a student to maintain my Student Profile on [myFSU](http://myFSU), including my current addresses and phone numbers. These must be updated no later than the fourth day of classes each semester to prevent my check being mailed to an incorrect address.
- **If the check subject to this stop payment request is a PLUS loan being disbursed to the parent, the parent must execute this Stop Payment Request and Indemnification form.**

### Indemnification:

In consideration for stopping payment, I agree to defend, indemnify, and to hold Florida State University harmless for the amount of the check, and from all claims, damages, costs, and attorney's fees incurred by Florida State University on account of payment of said check or as a result of refusing payment, including claims made by a "holder in due course" of said check. Placement of a stop payment request will not relieve me of liability to Florida State University for a check presented by a "holder in due course" as defined under applicable state law.

### I request that the reissued check be:

- EFT to bank account    Held in the Office for Pickup    Mailed to the Address Above    Used to Return Loan

Reason:  Never Received    Lost    Expired    Check Stolen    Other: \_\_\_\_\_

Year/Term:  Check Number:  Check Amount:  Check Date/ GL Post:

\_\_\_\_\_  
Signature (Must be Parent to request stop payment on PLUS loan)

\_\_\_\_\_  
Date

### Office Use Only Below This Line:

- Received by: \_\_\_\_\_
- Check Notes / Comments \_\_\_\_\_

Canceled by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

This check was verified to be outstanding: Date: \_\_\_\_\_ By: \_\_\_\_\_

Confirmation of stop payment received from the bank: Date: \_\_\_\_\_ By: \_\_\_\_\_

Agency: 20000020173

Check Number: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

Date Reissued: \_\_\_\_\_ By: \_\_\_\_\_

Payable to: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_