



Stop Payment Request

Name:	<input type="text"/>	Emplid:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>

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](#), 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: _____