



Reset Form

Print

### Stop Payment/Void Check Request Form

Current Mailing Address: \_\_\_\_\_  
Street City State Zip

*\*Address must be current in Banner before check is reissued*

Remit to: Disbursing Mail to Address Above Payroll Student Accounts

Type of Request: Stop Pay & Reissue Void/Do Not Reissue *(Attach check)*  
Stop Pay-Title IV Return Void & Reissue *(Attach check)*

Reason for Stop Payment/Void: Check Not Received by Vendor Destroyed  
Lost Stale Dated Other

Explanation if "Other": \_\_\_\_\_

Check Number: \_\_\_\_\_  
(FAIVNDH)

Date of Check: \_\_\_\_\_

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

T Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

**If a reissuance is needed and the university does not have possession of the check, the payee must sign the following statement:**

*Please process a stop payment and reissue the above mentioned payment. If the original check is found or delivered to me at a later date, I will return it promptly to the University. Arkansas Tech University reserves the right to charge the payee the cost of the checks and any other costs incurred plus interest in the event that both checks are cashed by the payee.*

**Signature of Payee:** \_\_\_\_\_

**For Controller's Office Use Only:**

Confirmation check is outstanding (initial & date): \_\_\_\_\_

Stop Payment entered at bank (initial & date): \_\_\_\_\_

Check Cancelled/Voided in Banner (initial & date): \_\_\_\_\_

Check Cancelled/Voided in Evisions (initial & date): \_\_\_\_\_