



Stop Payment/Void Check Request Form

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

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

Explanation if "Other":

Check Number: _____

Mailing Address:

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 (date & initial): _____

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

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