

***** PLEASE TYPE OR PRINT NEATLY *****

FAU - STOP PAYMENT / CANCEL / REISSUE REQUEST FORM

Revised 10/2010

1. CIRCLE ONE OF THE FOLLOWING: **STOP PAYMENT ONLY** **CANCEL ONLY** **STOP PAYMENT & REISSUE** **CANCEL & REISSUE**
(Attach Copy of VOID Check)

DATE REQUESTED: _____ REQUESTED BY: _____
First Name Last Name Ph #

AMOUNT \$ _____ PAYEE: _____ I.D. #: _____

CHECK/EFT # _____ CHECK DATE: _____ FAU DOC # _____

REQUEST EMAIL CONFIRMATION OF CANCEL/STOP FOR ADJUSTMENT TO STUDENT ACCOUNT: YES ___ NO ___ EMAIL ADDRESS _____

SELECT ONE: _____ 1611716898 - ACCOUNTS PAYABLE _____ 1611678278 - PAYROLL _____ 1611948429 - PERKINS LOAN FUND
_____ 1611805566 - RESEARCH CORP. FUND _____ 1612143682 - STUDENT REFUNDS (___ FA ___ RF)

REASON FOR REQUEST: (Circle one of the following) CLERK ERROR DEPARTMENT ERROR UNCLAIMED REFUND CHECK DATE > 120 DAYS RETURN TO EESP
STUDENT REQUEST RETURN TO FL PREPAID OTHER _____ NOT RECEIVED: ___ ADDRESS HAS BEEN CONFIRMED/CORRECTED WITHIN SYSTEM
___ DUPLICATE CHECK REQUEST FORM AND COPY OF PHOTO ID ATTACHED

2. COMPLETE SECTION BELOW IF REISSUE IS REQUESTED: **SPECIAL INSTRUCTIONS:** _____

PAYEE TEL. #: _____ PAYEE SIGNATURE: _____ CHECK PICK-UP DATE: _____

CHARGE REISSUE TO: INDEX _____ ACCOUNT CODE _____ USE P. O. # _____

REPLACEMENT CHECK(S) TO BE ISSUED TO - - - - - (IF MORE THAN TWO CHECKS TO BE REISSUED, PLEASE ATTACH ADDITIONAL FORM)

PAYEE: _____ I.D. #: _____ AMOUNT: \$ _____ CHECK #: _____ CHECK DATE: _____

PAYEE: _____ I.D. #: _____ AMOUNT: \$ _____ CHECK #: _____ CHECK DATE: _____

3. REQUEST APPROVED BY: **STACEY SEMMEL, UNIVERSITY CONTROLLER**
ROSA M. NAUJOKS, SR. ASSOCIATE CONTROLLER or DIANNA ZAIA, ASSOCIATE CONTROLLER

___ Stop payment done in Bank of America
or
___ Cancel done in Bank of America

SIGNATURE & DATE

___ SCT Banner entry DOC# _____

STOP PAYMENT DONE BY: _____
SIGNATURE & DATE

___ Bank of America Confirmation

CHECK REISSUED BY: _____
SIGNATURE & DATE

___ Emailed Confirmation