

# Stop Payment Request

Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_

Social Security Number, if a payroll check: \_\_\_\_\_

Reason for stop payment request: \_\_\_\_\_  
\_\_\_\_\_

Account to be charged for bank stop payment fee: \_\_\_\_\_

Accounts Payable/Payroll Authorization: \_\_\_\_\_

Campus: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax # \_\_\_\_\_

CASH MANAGEMENT USE ONLY

Stop Date \_\_\_\_\_

Approved Date \_\_\_\_\_

Signature \_\_\_\_\_