



The City College  
of New York

## Stop Payment Request Form

**STOP PAYMENTS CAN ONLY BE ISSUE 10 DAYS AFTER THE CHECK DATE**

### Stop Payment Guidelines

If you receive the original check in which the stop was placed, do not deposit the check. Please return the check to the Bursar's Office.

### Student Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ EMPLID: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Reason (Please Check Appropriate Boxes)

- Lost Check – Date reported: \_\_\_\_\_
- Check Stolen – Date Reported: \_\_\_\_\_
- Student not entitled to check – Reason: \_\_\_\_\_
- Student signed back of check: \_\_\_\_\_
- Student did not receive check in the mail: \_\_\_\_\_
- Other – State explanation below: \_\_\_\_\_

### OFFICE USE ONLY

Voucher ID:

Term:

Check #:

Amount of Check:

Check Date:

Type: FAR/TFR

