



**STOP PAYMENT/CHECK REPLACEMENT APPLICATION FORM**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Student ID / Vendor ID \_\_\_\_\_

Company's name (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, ZIP CODE \_\_\_\_\_ Expected check amount \_\_\_\_\_ Check issued date \_\_\_\_\_

**TYPE OF CHECK**

AP voucher NO \_\_\_\_\_ Vendor Payment \_\_\_\_\_ Financial AID (*Return Form to ADM155*) \_\_\_\_\_ Refund \_\_\_\_\_

**INDICATE ACTION OF THE STOP PAYMENT**

Check cancelation, no reissue \_\_\_\_\_ Check replacement \_\_\_\_\_ Check cancelation, return to financial financial AID \_\_\_\_\_

**INDICATE REASON FOR THIS REQUEST**

Never received this check \_\_\_\_\_ Lost/Destroyed \_\_\_\_\_ This check is over 180 days old \_\_\_\_\_  
 Incorrect Address \_\_\_\_\_ Check issued in error \_\_\_\_\_ Other \_\_\_\_\_

**INDICATE METHOD FOR REPLACEMENT CHECK DISBURSEMENT**

Return check to Bursar's \_\_\_\_\_ Mail to above address \_\_\_\_\_ Call me for pick up (must present picture ID) \_\_\_\_\_

I certify (or declare) that I am the owner of said check, has not cashed or transferred same, and is entitled to possession thereof. I hereby agree to indemnify and hold harmless the University against any and all liability, loss, cost, damages, attorney's fees and other expenses which the University may sustain or incur as a consequence of honoring this stop payment/check replacement request. I understand that this stop payment request cannot be upheld if the check listed on this request has already been paid, and it will take up to 10 business days before a replacement check can be issued. I further agree to return the original check to the University promptly and not attempt to negotiate said check if I ever receive or locate said aforementioned check.

*I certify (or declare) under penalty of perjury that the foregoing is true and correct.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

	REGULAR STOP PAYMENT	FINANCIAL AID CK. STOP PAYMENT
<b>RETURN COMPLETED FORM WITH COPY OF VALID PHOTO ID TO:</b>	<b>SAN FRANCISCO STATE UNIVERSITY            FISCAL AFFAIRS - ACCOUNTING            1600 HOLLOWAY AVE, ADM BLDG 350            SAN FRANCISCO, CA 94132-4032            ATTN: CATHY CHENG            PH: 415-338-7785</b>	<b>SAN FRANCISCO STATE UNIVERSITY            BURSAR'S OFFICE            1600 HOLLOWAY AVE, ADM BLDG 155            SAN FRANCISCO, CA 94132-4032            PH: 415-338-1281</b>

FISCAL AFFAIRS OFFICE USE ONLY			
CHECK AMOUNT DATE [ ]	ORIGINAL CK. / INVOICE NO. [ ]	REPLACED CK. NUMBER [ ]	REPLACED CK. DATE [ ]
CHARTFIELD FOR STALE DATED CHECK			
[ ] ACCOUNT	[ ] FUND	[ ] DEPT ID	[ ] PROGRAM
[ ] CLASS	[ ] PROJECT		
REQUEST BY: _____	DATE: _____	Ck. Status: _____	
APPROVED BY: _____	DATE: _____		