



STOP PAYMENT/CHECK REPLACEMENT APPLICATION FORM

<https://fiscaff.sfsu.edu/services/onlineform>

PLEASE PRINT CLEARLY

****PARENT PLUS MUST BE FILLED OUT AND SIGNED BY PARENT**

LAST NAME	FIRST NAME	STUDENT ID / VENDOR ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY NAME (if applicable)		PHONE#
<input type="text"/>		<input type="text"/>
CURRENT ADDRESS		EMAIL ADDRESS
<input type="text"/>		<input type="text"/>
CITY, STATE, ZIP CODE		EXPECTED CHECK AMOUNT
<input type="text"/>		<input type="text"/>
		CHECK ISSUED DATE
		<input type="text"/>

TYPE OF CHECK

- REFUND
 ***FINANCIAL AID (RETURN FORM TO ADM155)**
 VENDOR PAYMENT
 AP VOUCHER NO. _____

INDICATE ACTION OF THE STOP PAYMENT

- CHECK REPLACEMENT
 CHECK CANCELLATION, NO REISSUE
 CHECK CANCELLATION, RETURN TO FINANCIAL AID FUNDS

INDICATE REASON FOR THIS REQUEST

- NEVER RECEIVED THIS CHECK
 LOST/DESTROYED
 THIS CHECK IS OVER 180 DAYS
 INCORRECT ADDRESS
 CHECK ISSUED IN ERROR
 OTHERS: _____

INDICATE METHOD FOR REPLACEMENT CHECK DISBURSEMENT

- CALL ME FOR PICK UP (MUST PRESENT WITH PICTURE ID)
 RETURN CHECK TO BURSAR'S OFFICE
 MAIL TO ABOVE ADDRESS

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
RETURN COMPLETED FORM WITH COPY OF <u>VALID PHOTO ID</u> TO:	SAN FRANCISCO STATE UNIVERSITY FISCAL AFFAIRS – ACCOUNTING 1600 HOLLOWAY AVE, ADM BLDG 350 SAN FRANCISCO, CA 94132-4032 ATTN: CATHY CHENG TEL: (415) 338 - 7785 / FAX: (415) 841 - 5043 EMAIL: stoppay@sfsu.edu	SAN FRANCISCO STATE UNIVERSITY BURSAR'S OFFICE 1600 HOLLOWAY AVE, ADM BLDG 155 SAN FRANCISCO, CA 94132-4161 TEL: (415) 338 - 1281

FISCAL AFFAIRS OFFICE USE ONLY					
CHECK AMOUNT	ORIGINAL CK. / INVOICE NO.	REPLACED CK. NUMBER	REPLACED CK. DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
CHARTFIELD FOR STALE DATED CHECK					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT
REQUEST BY: _____	DATE: _____	Ck. Status: _____			
APPROVED BY: _____	DATE: _____				