



REQUEST TO ISSUE A STOP PAYMENT

Requests for a new check may take 3 to 4 weeks to be processed from date form was received.

Type of Refund (Check appropriate box)

Student Parent PLUS

Date: ____/____/____ Fall Spring Year: _____

Student Name: _____ ID#: _____

Parent Name (If parent PLUS loan): _____

Payee Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Amount of Check: \$ _____ Date Check was issued ____/____/____

Reason for Stop Payment and Reissue:

- I moved and have not changed my address with the university.
- It has been two or more weeks since the check was issued and I have not received it.
- Check has been destroyed (attach original check with this form).
- Check has expired (attach original check with this form).
- I received the funds in error and I am returning the check to clear my debt with the university.

Other (please explain): _____

New Check (Check desired option):

- Direct Deposit: Student must activate Direct Deposit via myCi before submitting this form. **Parent: must submit Parent Plus Loan Direct Deposit Request Form along with this form.**
- Mail to the address on this form.
- Contact me at the primary phone number indicated on this form to pick up my check at the Student Business Services' Office.

* By signing below, I certify that I have checked my bank account to verify that the check was not cashed. I understand that if I receive the check after I submit this form. I CAN NOT cash the check and must return it to Student Business Services immediately. I also understand that I must change my address with the University if the current address is incorrect to prevent future mailing discrepancies.

*Signature _____

For Office Use (Direct deposit requests go to Refund processor)

Date form received: ____/____/____ Received By: _____

Voucher ID: _____ Check # (If possible): _____

Date new check was issued: ____/____/____ New Check#: _____

By signing, I certify that I have received the new check: _____