Cal State Channel Islands
Division of Business & Financial Affairs

Student Business Services
One University Drive
Camarillo, CA 93012
Phone: (805) 437-8810
Email: sbs@csuci.edu

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#:_____

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