

Stop Check Request



By completing this form, you are authorizing the School of Labor and Urban Studies to place a stop payment on a refund check that was issued to you. Stop payments will be processed after a mailed check has been missing for ten (10) business days. Forms may only be completed by the individual to which the refund check was issued. **Please include a copy of your photo ID with this form when requesting a stop payment. Forms that are not signed or not accompanied with a photo ID will not be processed.** Allow 30 business days for the re-issue of your refund check.

Return the completed form by e-mail to: Bursar@slu.cuny.edu

EMPLID FULL NAME

MAILING ADDR. CITY, STATE, ZIP

PHONE NO. E-MAIL

Is your mailing [address](#) current in CUNYfirst? YES NO – **UPDATE YOUR ADDR BEFORE SUBMITTING THIS FORM!**

Have you enrolled in [direct deposit](#)? YES NO – I prefer to have my refunds mailed

Check Details: Refund Amount _____
Date/Semester Issued _____

Reason for Request: Check lost Check damaged Incorrect Address
Check not received Check stolen

My signature below confirms that:

1. I am requesting a stop payment on the check listed above and a replacement check be issued to me, if applicable. If the check has been cashed, I agree to assist the College in seeking to recover these funds by completing and signing an Affidavit of Fraudulent Activity.
2. My mailing address is current and/or that I have enrolled in direct deposit via CUNYfirst. I understand that failure to update my addresses or enroll in direct deposit will delay the stop check request from being processed. Additionally, I am aware that the request may take up to 30 business days to resolve.
3. If I am the recipient of funds from both the original and replacement check, I will immediately repay the School of Labor and Urban Studies the full amount.

NOTE: You may NOT cash the original check should you receive it after this form has been submitted. The original check must be returned to the School of Labor and Urban Studies.

SIGNATURE DATE

For Office Use Only

Check Information: Voucher ID # _____ Check # _____

Date Issued _____ Date Processed _____ Initials _____