Stop Payment Request



By completing this form, you are authorizing the School of Labor and Urban Studies to stop payment and reissue a refund check that was lost, stolen, or destroyed. Stop payments are processed if the mailed check is missing for ten (10) or more business days. Forms may only be completed by the individual to which the refund check was issued.

		Section I and II and submit to to 30 days for the new refund		du with a co	opy of your SCHOOI	L
		I. Student	Information			
EMPLID: Full Name:						
Mailing Address:						
Manning Additions.	Address		City	State	Zip	Apt #
Login to CUNYfirst and review your mailing address on file. It should match what you have entered above. If the addresses do not match (including correct formatting and any required apartment or mailbox numbers) please update CUNYfirst before submitting this form!						
Did your mailing address require an update in CUNYfirst?			☐ YES		□NO	
Have you signed up for Direct Deposit?			☐ YES		□ NO	
Choosing to no	ot add a dir	rect deposit account in CUNYfi	st means you agree	e to have you	ır check reissued by	mail.
II. Check Details						
Refund Amount:			Date/Semester Issued:			
December December		☐ Check Lost	☐ Check Damaged		☐ Incorrect Address	
Reason for Req	uest:	☐ Check Stolen	Other:			
 My signature below confirms that: I am requesting a stop payment and reissue on the above listed check. 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 My mailing address is current and/or I have enrolled in direct deposit via CUNYfirst. I understand that failure to update my addresses or enroll in direct deposit will delay this request from being processed I am aware that it may take up to 30 business days to receive a new check 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 						
You may NOT ca	sh the orig	ginal check should you receive must be returned to the Scho				al check
Forms without a signature and ID will <u>not</u> be processed.						
	ature	Date				
		FOR BURSA	AR USE ONLY			
Voucher ID #			Check	#		
Date Stopped:			Approve	ed		