



STOP PAYMENT REQUEST (STUDENT)

Instructions: Students must use this form to request a stop payment and a check reissue, if applicable, for a lost or stolen check, or for a stale-dated check. Students must print and sign the completed form. Signatures must be witnessed by a second person if not signed in front of Fiscal Services (FSO) employee.

New Check#: _____		MREF: _____		Date: _____	
REQUESTOR DETAILS					
First Name: _____		Last Name: _____		Banner ID: @ _____	
Email: _____		Phone: _____			
CHECK REISSUE INFORMATION					
No Reissue Required – Credit to be applied toward student’s account (MREF)					
Picked up at Fiscal Services: JPL DT					
Mailed (Student must update Banner ASAP with correct mailing address)					
Direct Deposit					
Confirm Mailing Address					
Street Address: _____		City: _____		State: _____	Zip Code: _____
Reason for stop payment:					
AUTHORIZATION SIGNATURES					
I, _____, request that the University of Texas at San Antonio stop pay check number _____ dated _____					
in the amount of _____ this _____ day of _____. I fully understand that if I receive this check, it will no longer be					
valid and I will be responsible for any and all charges that may occur if I deposit or cash the check.					
Student Signature _____		Witness Signature _____		Date _____	
VERIFICATION					
Photo ID	Banner ID	Driver’s License	Other: _____		N/A (have check)
OFFICE USE ONLY					
Verify JPL and DT offices do not have check in possession.			Search for check in paper files and excel file.		
View PeopleSoft to confirm payee name, check#, and date printed on check.					
Verify check is not already cancelled.					
Determine if check has been applied to student’s account.			Scan to Accounting – enter date faxed: _____		
NOTE: Notify students with account holds or who owe balances that they must pay out of pocket or deduct amount owed from replacement check before a refund can be issued.			Attention Accounting Services: Notify Fiscal Services via email at fiscalservices@utsa.edu when stop payment has processed.		
Fax request to JPL office (x4853)			Complete		
Send original to JPL			File original document.		
Approved by: _____ Date: _____			Manager approval: _____ Date: _____		
Signature: _____			Signature: _____		