



- REISSUE CHECK  
 DO NOT REISSUE CHECK

PLEASE PRINT CLEARLY

LAST NAME  FIRST NAME  MI  VENDOR, SSN, FEDERAL ID# OR CWID#

COMPANY NAME (if applicable)  DAY PHONE # --

CURRENT ADDRESS  EVENING PHONE # --

CITY, STATE, ZIP CODE

TYPE OF CHECK

- REFUND  FINANCIAL AID  VENDOR PAYMENT

EXPECTED CHECK AMOUNT

.

DATE CHECK WAS ISSUED

INDICATE REASON FOR THIS REQUEST

- I NEVER RECEIVED THIS CHECK  I LOST THIS CHECK  INCORRECT VENDOR NAME  LOST IN BANK TRANSIT

INDICATE DISBURSEMENT OF REPLACEMENT CHECK

- MAIL TO ABOVE ADDRESS  CALL ME FOR PICKUP

I understand that the Stop Payment process will take up to (10) business days before a replacement check can be issued. If I find this check, I will return it to the University and a replacement check will be issued within seven (7) business days. The information I provided is true and correct to the best of my knowledge.

SIGNATURE

DATE

DELIVER OR MAIL APPLICATION TO: CALIFORNIA STATE UNIVERSITY, FULLERTON  
 DEPT: ACCOUNTS PAYABLE  
 ATTN: ZARITA MOORE  
 PO BOX 6808, FULLERTON, CA 92834-6808

OR FAX TO: (657) 278-8143

FINANCIAL SERVICES OFFICE USE ONLY

AMOUNT OF CHECK  .  CHECK #

CHARTFIELD        DATE CHECK WAS ISSUED MM/DD/YY

Account (6) Fund (5) Department (5) Program (4) Class (5) Project (8)

CHARTFIELD        DATE CHECK WAS ISSUED MM/DD/YY

Account (6) Fund (5) Department (5) Program (4) Class (5) Project (8)

I have submitted a Stop Payment Request on:

The check was returned to the University

SIGNATURE

DATE