

## Stop Payment Request

**Payroll Check**  
Payee complete the following:

Name \_\_\_\_\_

M Number \_\_\_\_\_

Mailing Address

Telephone # \_\_\_\_\_

Amount of Payment (if known) \_\_\_\_\_

Reason for Stop Payment (check one)

Never received by Payee

Lost/misplaced/destroyed after receipt

**Accounts Payable Check**  
Payee/Department to complete the following:

Payee Name \_\_\_\_\_

M Number \_\_\_\_\_

Mailing Address

Amount of Payment \_\_\_\_\_

Banner Doc # \_\_\_\_\_

Reissuance? Yes  No

Reason for Stop Payment (explanantion)

University Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Current Date*

### For Accounting Office Use Only

Check Number \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Amount \$ \_\_\_\_\_

Banner Invoice Number \_\_\_\_\_ Fee: Yes \_\_\_ No \_\_\_ Delivery: Mail \_\_\_ Pickup \_\_\_

Cleared Thru Last Bank Statement? Yes \_\_\_ No \_\_\_ Statement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Staff Processing Stop Payment \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Stop Payment Submitted to Bank \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Stop Payment Approved at Bank \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_