



## REQUEST FOR STOP PAYMENT

Student Account Number (Banner ID): \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address

Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

***The above student/parent states that:***

Check Number: \_\_\_\_\_

Dated: \_\_\_\_\_

Amount: \_\_\_\_\_

Issued by Kent State University was:

Lost:

Stolen:

Never Received:

Other:

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The undersigned requests that Kent State University reissue the check and agrees that if the check is found, they will return the check to the Kent State University Bursar's Office. Any reissued check will be mailed to the address listed on your FlashLine account. This form must be submitted with an original signature to Bursar's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date