



REQUEST FOR STOP PAYMENT

This form is not for checks issued by Bank Mobile.

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:

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