UNIVERSITY OF WEST FLORIDA
CHECK STOP PAYMENT REQUEST

Please complete and return to Controller's Office, Building 20E or mail to
11000 University Parkway, Building 20E, Pensacola, Florida, 32514

Contact info:	Accounts Payable	Student Accounts	Payroll
	accountspayable@uwf.edu	stuacct@uwf.edu	payroll@uwf.edu

Today's Date: _____

Account (select one):   Accounts Payable   Netcheck   Payroll

Check Number: _____

Check Date: _____

Amount: _____

Payee: _____

Payee's UWF ID #: _____

Reason for Stop Payment: _____

I understand a replacement check cannot be issued until the bank confirms stop payment of this check. If I cash check number _____, I agree to reimburse The University of West Florida for the amount of the check. If I find this check, I agree to return it to The Controller's Office in building 20E.

_____   _____
Payee's Name (printed)   Payee's Signature

For Office Use Only

Stop Pay Requested By: _____

Reissue (check one):

        Reissue two business days from date bank notified
        Do not reissue
        Send funds via ACH/Direct Deposit

Special instructions: _____
_____

Check to be picked up: Yes   No
Mail check to: _____
_____
_____

Check cleared bank: Yes   No   Date Cleared: _____

Removed from Posititve Pay by: _____   Date Removed: _____

Check Voided in Banner & Intellichek by: _____   Date Voided: _____

Reissued Check Number: _____   Date Reissued: _____

Voided Check JE Number: _____