

ACTIVITY FUND

STOP PAYMENT REQUEST

Current Date: _____ Campus: _____

Activity Fund Secretary Requesting Stop Payment: _____

Check Date: _____ Check # : _____

Payable To: _____

Amount: _____

Reason for Stop Payment: _____

The information requested below pertains to who you spoke with about placing the stop payment:

Person you contacted: _____ Phone: _____

Address of Person or Company: _____

Date of Contact: _____

* Please remember to wait for notice that the stop payment has been confirmed before voiding and proceeding with the following. Check an option below and scan to the Activity Fund Accountant.

CHECK WILL BE REISSUED _____

CHECK WILL BE STALE DATED _____

CHECK WILL BE VOIDED AND DONATED BACK TO THE CAMPUS _____

* Address and last contact **MUST** be included on this form before a Stop Payment will be issued.