*Mailing Address: P.O. Box 9701, McAllen, TX 78502-9701* *\*Phone (956)872-3455\* Fax (956)872-6435*

**Student Void and Replacement Check Request**

I am requesting a check to replace the original check issued to me.

The following information pertains to my request on the original check.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Original Check Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TRN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for my request: Lost check:\_\_\_\_\_ Not received in the mail:\_\_\_\_\_ Other-Describe:\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **VERIFICATION** | |
| Identification Number: | Type of ID: |
| Verified By: | Verification Date: |

A request for a replacement check will be honored after two weeks have expired since the original check was mailed. Once a stop payment has been issued on a check it cannot be re- versed. The replacement check will be released 48 hours after the stop payment has been processed by the Business Office in order that the bank may properly verify that the original check has not been cashed. **I agree that if I recover the original check, I will not cash o r deposit the check, but will immediately return it to South Texas College, Business Office, P. O. Box 9701, McAllen, Texas 78502.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

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| **CASHIERS OFFICE USE** | |
| Explain the need for a Replacement Check : | |
| Stop Payment Requested: Yes No |  |
| Reviewed By: | Date: |
| Supervisor’s Approval: | Date: |
| **BUSINESS OFFICE USE** | |
| Process by: | Date: |
| Bank Confirmation #: | |
| AGM Approval: | Date: |