

Stop Payment 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: _____ Phone Number: _____

Date Original Check Issued: _____ Term: _____

Check Number: _____ TRN#: _____ Amount: \$ _____

Reason for my request: Lost check: _____ Not received in the mail: _____

Other-Describe: _____

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 reversed. 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 or deposit the check, but will immediately return it to South Texas College, Business Office, PO Box 9701, McAllen, Texas 78502**

Signature: _____ Date: _____

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	
Processed by:	Date:
Bank Confirmation #:	
AGM Approval:	Date: