



Mailing Address: P.O. Box 9701, McAllen, TX 78502-9701
Physical Address: 3200 W. Pecan, McAllen, TX 78501 *Phone (956)872-4646 * Fax (956)872-4647

Vendor Replacement Check Request

I am requesting a check to replace the original check issued for payment of _____.
The following information pertains to my request on the original check.

Name: _____ A#: _____

Address: _____

City & State: _____ Zip Code: _____

Date Original Check Issued: _____ Telephone Number: _____

Check Number: _____ Amount: _____

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

Other-Describe: _____

BO Contact: _____ Vendor Contact: _____

Stop Payment Request: Yes: _____ No: _____

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

Signature: _____ Date: _____

| BUSINESS OFFICE USE | |
|------------------------------------|-------------|
| Bank Statement Verification: _____ | Date: _____ |
| Process by: _____ | Date: _____ |
| Bank Confirmation #: _____ | |
| AGM Approval: _____ | Date: _____ |