



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: _____