

**STOP PAYMENT FORM**

\*\*\* You must be able to present your Palm Beach State College ID Card \*\*\*

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

Campus: \_\_\_\_\_

TO: Palm Beach State College  
Finance Department  
ATTN: ACCOUNTS PAYABLE  
4200 Congress Avenue, MS #59  
Lake Worth, FL 33461

From: \_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state, zip)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

RE: Stop Payment Request

Supplier/Employee ID/Student ID#: \_\_\_\_\_

PLEASE ISSUE A STOP PAYMENT ON THE FOLLOWING CHECK TYPE: (select one)

Payroll       Supplier       Student Refund       Other \_\_\_\_\_

REASON FOR STOP PAYMENT REQUEST:

Lost       Destroyed       Stolen  
 Mailed to wrong address       Not received       Other \_\_\_\_\_

This stop payment request will not be accepted by Palm Beach State College earlier than 10 days after the date the check was mailed. Upon receipt of the stop payment confirmation from the bank, Palm Beach State College will request a replacement check.

By signing this form, I certify that the above information is correct to the best of my knowledge, and I will not cash the above check for which the stop payment has been requested. I realize that any information on file that differs from the above will prevent this process from being completed.

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

<b>PALM BEACH STATE COLLEGE OFFICE USE ONLY</b>		
Check #: _____	Check Date: _____	Account: _____
Check Amount: _____	Name on Check: _____	
Staff Initial: _____	Today's Date: _____	Payee ID Verified: _____
Special Instructions: _____		

Replacement Check Prepared by: Staff Initial \_\_\_\_\_

Replacement Check Number: \_\_\_\_\_

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