



Check Stop Payment Request

Email completed form to **ar@oaklandcc.edu**

Date _____

Please issue a stop payment on the check indicated below.

PAYEE INFORMATION

Reason for stop payment: Not received Bad address Lost Stolen Other explain:

Payee signature _____

Student ID # _____

Printed name _____

*** Please note: It takes 48 business hours from the Stop Payment Request date for the stop to be valid. The payee agrees that by submitting this Request, they will not cash the check listed below. Please initial to the right to indicate that you have read and understand these terms.**

Initials _____

CHECK INFORMATION

Type of check: Payroll Student Refund

Voucher number: V - _____

Voucher date _____

Check amount _____

Check number _____

Check date _____

Submitted by _____

Date _____

FINANCIAL SERVICES USE ONLY

Stop placed by _____

Date _____

Comerica Stop Pay tracer number _____

Colleague updated by _____

Date _____

Voided: Check only Check and Voucher