

Idaho State University

Stop Payment Request Form

I, the affiant, _____ declare that I am the owner, or legal representative for the owner, of the Idaho State University check described below:

ID #: _____

Check #: _____

Check Date: _____

Check Amount: _____

As the owner, I am entitled to receive the money thereon, and no person has any right or interest therein. The check is not in my possession or control, but has been: (Check one)

Lost/Misplaced

Not Received

Damaged

Stolen

As the affiant, I am unable to recover said check and do believe that I cannot do so. I therefore, request that a check be reissued to me by Idaho State University to replace the original check.

I certify that in the event that I do receive the original check, I will return it immediately to Idaho State University. Furthermore, if the original check is cashed by me or my legal representative, I do promise to repay the funds to Idaho State University. In the event that the check is cashed by someone other than myself or my legal representative, I will cooperate with Idaho State University in establishing that a forgery has occurred.

Signature

Date

Phone Number

Address

FAX FORM TO: 208-282-4725

Accounts Payable Use Only

Date Cancelled in Banner _____

Bank _____ Intellichecks _____

Verification of Amount _____

AP Signature _____

Reissue Date _____