



## REFUND CHECK STOP PAYMENT REQUEST FORM

**DIRECTIONS:** This form is to be used by students who are unable to complete the form in person at the Office of Student Accounts and Accounting Office. The student must complete/provide information as indicated in Section 1 below. The request form must be signed in the presence of a notary. Forms that are not notarized cannot be processed. The completed, notarized ORIGINAL form must be submitted to the SUNY Brockport, Office of Student Accounts, 350 New Campus Drive, Brockport, NY 14420.

### SECTION 1:

Payee: \_\_\_\_\_ Brockport ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Semester: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Reason for stop payment request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2:

**\*\*\* REQUEST MUST BE SIGNED IN THE PRESENCE OF A NOTARY \*\*\***

I hereby affirm that I have not received the proceeds of the above refund check, and request that a stop payment be placed on it. I further request that a replacement check be issued for me. I understand that I may not pick up the check; the refund must be mailed, or I may request that direct deposit be set up instead. I have logged into the Campus Information System and confirmed that my address is correct. I also understand that if I owe a balance to the SUNY Brockport, that this amount will be deducted from the refund.

Signature of Payee: \_\_\_\_\_ Date: \_\_\_\_\_

### **To be completed by notary:**

State of New York \_\_\_\_\_ ) :ss.:  
County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn deposes and says that he/she resides at \_\_\_\_\_.

This person's identification has been confirmed by presentation of the following form of identification:

- Valid driver's license – State of Issue: \_\_\_\_\_ Identification Number: \_\_\_\_\_
- College ID card – Identification Number: \_\_\_\_\_
- Other – Please indicate: \_\_\_\_\_

Sworn to before me this _____ day of _____, 20_____.  _____ Notary Public Signature	Affix Notary Stamp here:
<b>FOR OFFICE USE ONLY</b>	
Request to bank on:	Authorized by:
Replacement issued on:	Date:
Amount: \$	New check number: