

## **Stop Payment and Reissue Check Request**

Contact Accounting Services via e-mail at apas-web@radford.edu to verify check status before requesting stop payment. Please include "Stop Payment" in the subject line when emailing. Stop Payment Request forms may also be faxed to Accounting Services at 540-831-7732.

Section 1: Completed by Department	
Reason for Reque	st: Never received Lost Destroyed Stolen Incorrect payee address
Payee Informa	tion:
Radford ID:	Name:
Phone #:	E-mail address:
Check Amount:	Check Date: Check No:
Initiating Depa	rtment Information:
Initiating Dept:	Initiated By:
Phone #:	E-mail Address:
Date:	
<b>Replacement Che</b>	eck Delivery Information:
Mail to th	he address:
Deliver t	to
Comments:	

## Section 2: Completed by Payee

**Payee Certification Statement** 

I certify that I have not received the RU check noted above and request a stop payment on this instrument. I understand that the check will not be valid after this request is made. I further certify that I will not attempt to negotiate it at a future date, should it come into my possession, and I agree to be liable for any additional charges that result from any attempt by me to negotiate it. I understand that it takes approximately three (3) weeks from submission of this form before a replacement check can be issued.

Payee Signature:

Date:

Section 3: Completed by Accounting Services

Stop Payment Authorization Form Updated April 2019