

THE NEW SCHOOL

Stop Payment Request Form

Name: _____

ID #: _____

Check #: _____

Check Date: _____

Check Amount: _____

I am requesting that a stop payment be placed on the check noted above, and a replacement check issued. By signing below, I certify that the following check was (circle one):

Lost/Misplaced

Not Received

Damaged

Signature

Date

Address

Phone Number

Address

FAX FORM TO: 212-229-1313

Accounts Payable Use Only

Date Cancelled in Banner _____ Bank _____ Intellichecks

Verification of Amount: _____ AP Signature _____

Reissue Date: _____

Check Delivery (circle one): Pick Up Mail to: address above

Stolen
