



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. 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 College at 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 College, 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:
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FOR OFFICE USE ONLY	
Request to bank on: _____ time: _____	Authorized by: _____
Replacement issued on: _____	Date: _____
Amount: \$ _____	New check number: _____