



Stop Payment

ROUTING	Treasury Services MSC CAR treassvcs@nmsu.edu Phone 646-4154
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SECTION 1: REQUESTOR INFORMATION

Name: _____ E-mail Address: _____

Fax: _____ Phone: _____ Department: _____ Campus Box: _____

SECTION 2: REQUEST DETAILS

Check Date: _____ Check Amount: \$ _____ Check Number: _____

Type of Check: Payroll Accounts Payable Financial Aid

Check Payee: _____ Aggie ID: _____

Reason for Stop Pay:

Reissue Required? Yes No

Note: The payee for reissue payment must be the same payee as on the original check.

Remit Address (if different than original check): _____

Special Instructions:

SECTION 3: REQUESTOR APPROVAL

Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____

Stop Pay Placed? Yes No

If no, Date Check Cleared: _____
(Copy of front/back of cleared check to be provided to Requestor)

Reset