Student Accounts Office

4400 University Drive, MS 2E2, Fairfax, Virginia 22030
Phone: 703-993-2484 Fax: 703-993-2490

Stop Payment and Reissue Check Request

(Please Print)

Student ID: G☐☐☐☐☐☐☐☐ Date: ☐☐ - ☐☐ - ☐☐

Student Name: _____
Last First M.I.

Daytime Phone Number: (_____)_____

Current Address: _____
Address Line 1

_____
Address Line 2

_____
City State Zip

I understand that if I receive this check, it is NON-NEGOTIABLE and needs to be returned to the Student Accounts Office immediately. If the check has not been negotiated, a replacement check will be printed and forwarded to the Student Accounts Office.

Check Amount: ☐ Date of Check: ☐ Semester: ☐

Student Signature: _____ Date: _____

Reason for Request / Comments:

Office Use Only

Vendor ID:	Prior Year:
Invoice #:	Due Date:
Check Date:	Invoice:
Check #:	Comm:
Stop/Cancel Date:	Fund/Org: