



APPLICATION TO PLACE STOP PAYMENT ON A CHECK ISSUED BY UM-FLINT

Name: \_\_\_\_\_ UM ID or Social Security Number: \_\_\_\_\_
(Print first name, middle initial, last name)

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Whose address is: \_\_\_\_\_
(Number and street) (City) (State) (Zip)

Represents to The University of Michigan-Flint that he/she is the owner of the check (checks) described below, and that he/she has requested payment of said check (checks) be stopped.

Table with 4 columns: Name of Payee, Amount, Check #, Date

List below the reason(s) for making application for a substitute check(s). (ex: check lost, check destroyed, check never received, etc.)

Was the check endorsed? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state exact manner of all endorsements appearing on the check:

I hereby agree that if I should receive the check after asking that Stop Payment be placed, I will not cash it, but will surrender it immediately to The University of Michigan-Flint.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

A stop payment will be placed on the above check immediately. Please notify us if the check should be found.