



STOP PAYMENT REQUEST

**Tuition Account Reimbursement Check
FSA Credit Balance Payment Check**

Complete this form if the check has been lost or never been received, or if you need the original check voided and a new check issued. For tuition refund checks and FSA credit balance checks only. Insufficient for paychecks.

To

Attn: Accounting

DigiPen Institute of Technology
9931 Willows Road NE
Redmond, WA 98052
Phone (425) 558-0299
Fax (425) 629-5047
Email: accounting@digipen.edu

Today's Date (mm/dd/yyyy) _____

From

Payee Name _____
Student ID # (if Payee is a student) _____
Email Address _____
Phone Number _____

CHECK INFORMATION

Check Date _____
Check Number _____
Check Amount _____

This check was:

<input type="checkbox"/>	Never Received	<input type="checkbox"/>	Destroyed
<input type="checkbox"/>	Lost	<input type="checkbox"/>	Other (Explain) _____
<input type="checkbox"/>	Stolen		

REPLACEMENT CHECK SHOULD BE:

- ☐ Mailed to my current Billing Address (**Default, if Payee is a student**)
- ☐ Picked-up by Payee from the Accounting Office
- ☐ Mailed to the following address: _____

AGREEMENT

- The check subject to this stop payment request must be dated 14 calendar days prior to the request.
- A replacement check will be issued to the same payee and for the same amount.
- The reissue of a check may take 2~4 weeks from the time in which it is requested.
- It is the student's responsibility to maintain his/her current Billing Address in Student Record System (SRS). The PLUS loan parent borrower who may receive a FSA Credit Balance Payment should maintain his/her current mailing address by contacting the Financial Aid Office (financialaid@digipen.edu)
- If the original check is found after this request was placed, the payee must return it to the Accounting Department immediately. If you cash or deposit the original check, you will be liable for all cost incurred by your financial institution and DigiPen.
- If the check subject to this request is a FSA Credit Balance Payment sent to the parent, the parent must execute this request.

I request DigiPen to stop payment on the check described above. I certify that the item description, date, and payee are correct.

Payee Signature

Date (mm/dd/yyyy)