

Request for Stop Payment

Date: _____

To: Accounts Payable
5th Floor, UCLA Wilshire Center
Los Angeles, CA 90024-1433
Attn: Greg Veloz/Jennifer Inshikata
Phone: (310) 794-0197 Fax: (310) 794-8513

From: Student Accounts Office
1121 Murphy Hall
Los Angeles, CA 90095-1501
Phone: (310) 825-9194 option 7

Student Accounts has physical check?	Yes	No
Check has been/will be destroyed?	Yes	No

PLEASE PROCESS THE FOLLOWING STOP PAYMENT:

Name: [REDACTED] **UID:** [REDACTED] - [REDACTED]

Check Number: Check Date: Amount: \$

REASON FOR STOP PAYMENT REQUEST (Circle one): Lost Stolen Never Received Stale Other

Student Accounts Representative: _____

Do Not Reissue/BruinDirect/ Western Union
(non-student checks do not apply)

Reissue Mail*

* A check reissuance fee of \$30 will post to BruinBill for paper checks reissued within 180 days of check date
Note: If there is an existing balance on the account, reissued amounts may first apply to this balance before refunding in the method of choice.

Student Signature: _____ **Date:** _____

Additional Information:

FOR STUDENT ACCOUNTS OFFICE USE ONLY:

Cross-Checked (Initial/Date): _____ **Check Cancelled** (Initial/Date): _____

Sent to AP (Initial/Date): _____ **Check Reversed (Initial/Date):** _____