

Stop Payment Request Form

Please email your completed form to SABS at dsabusinessservices@uconn.edu

Organization Name: _____ Org ID: _____

Check # _____ Date of Check: _____ Amount: _____

Payee: _____

The stop payment is requested for the following reason:

Efforts made to resolve the outstanding check:

The stop payment process takes approximately one week from the date of request. The organization's Treasurer will be notified via email that the stop payment has been completed and the organization's account has been credited.

Organization Representative Name

Date of Request

OFFICE USE ONLY

Front Desk Staff

BEFORE CUSTOMER LEAVES: Run Activity Report -- was check already reversed?

YES

NO

Request accepted by: _____

Date: _____

Professional Staff

Check cleared? No

Stop placed? No

Date: _____ Initials: _____

GJ Date: _____

GJ Number: _____

Org notified by: _____

Date: _____

Notes: _____