



NEW MEXICO STATE UNIVERSITY Stop Payment Request

(Submit Form to MSC 3AP)

REQUESTER INFORMATION

Name: _____ Department: _____

Phone No: _____ Fax No: _____ Campus Box: _____

CHECK INFORMATION

Check Date: _____ Check Amount: \$ _____ Check Number: _____

Type of Check: Payroll Accounts Payable Financial Aid

Check Payee: _____ Banner ID: _____

Reason for Stop Pay: _____

REISSUE INFORMATION

Reissue Required? Yes No

Note: The payee for reissue payment must be the same payee as on the original check.

Remit Address (if different than original check): _____

Special Instructions: _____

FOR OFFICE USE ONLY: TREASURY SERVICES

Processed By: _____ Date: _____

Stop Pay Placed? Yes No

If no, Date Check Cleared: _____

(Copy of front/back of cleared check to be provided to Requester)