OLD DOMINION UNIVERSITY

STOP PAYMENT REQUEST

Please send the completed form to cashiersoffice@odu.edu or deliver to the Cash Office Window 1006 Rollins Hall

Payee Name:

Student ID:

Amount of Refund:

Date Refund Posted:

Payee Certification Statement

I certify that I have not received the check issued by Old Dominion University for a refund posted on the dated noted above and request a stop payment on the check. I understand that the check will no longer be valid after this request is made. I further certify that I will not attempt to cash or deposit the check, should it come into my possession, and agree to be liable for any additional charges that result from any attempt by me to cash or deposit the check. **Please allow approximately 10 business days from submission of this form before a replacement check can be issued.**

❏ Please approve pick up of replacement check when available.

❏ Please mail the replacement check to the following address:

Signature   **Date**

ODU E-mail:

Telephone: