



STOP PAYMENT REQUEST

Payee Name:

Student ID:

ODU Check Number:

Amount of Check:

Date of Original Check:

Payee Certification Statement

I certify that I have not received the ODU check noted above and request a stop payment on this instrument. I understand that it will no longer be valid after this request is made. I further certify that I will not attempt to negotiate it at a future date, should it come into my possession, and agree to be liable for any additional charges that result from any attempt by me to negotiate it.

Please allow 3-5 business days for processing.

- Please mail the replacement check to the following address:

- Please approve pick up of replacement check when available.

Signature

Date

ODU E-mail:

Telephone:
