

Stockton University

Void/Stop Payment Request

1. ACTION:

- VOID (Attach original check)
- STOP PAYMENT (transmit immediately to Banking Services)

11. CHECK INFORMATION:

General - required for **Banner** check action

Bank # 01 Check # _____ Check Date: ___/___/___ Check Amount: \$ _____
 Check Payee: _____ Vendor's Phone # _____
 Vendor# _____ Vchr # _____ Acct # : _____
 Stop/Payment Confirm # _____ Date: ___/___/___ By: (SU) _____

111. Banner Finance

Transmit to Disbursement Services

Dept: _____ Ext: _____ Request date: ___/___/___
 Department Approval/Signature _____
 Reason: _____
 _____ Date void processed in system ___/___/___

IV. Banner Student

Bursar's Office

Subcode #: _____ Acct #: _____ SS#: _____
 Type: Regular ___ Bank Loan ___ Financial Aid ___ Manual ___ Other: _____
 Year: _____ Fall ___ Spring ___ Summer Session#: _____ Other: _____
 Signature Requesting Check or Action : _____ Request date: ___/___/___
 Reason: _____
 _____ Date void processed in system ___/___/___

V. HRS

Payroll Office

Employee's Name: _____
 Check #: _____ Check Date: ___/___/___ Check Amount: \$ _____
 Stop/Payment Confirm #: _____ Date: ___/___/___ By: (SU) _____
 Reason: _____