

BROWARD COLLEGE STOP PAYMENT/REPLACEMENT CHECK REQUEST

Note: Please return this form with an Original Signature. Copies or facsimiles of signatures on this form are not acceptable. **If the payee is an individual, please also include a legible copy of a Photo ID (ie:Driver's License.)**

PLEASE PRINT

Date: _____

Check One: Employee Personal Identification Number _____
 Vendor Tax Identification Number _____
 Student ID (Social Security Number) _____

Check Payee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Check Number: _____ Date: _____ Amount: _____

Reason for requesting stop payment and replacement check: Lost Stolen Never Received

Other: _____

I understand that if the original check is received, I must return it to the College's Treasury Management Office marked "VOID" immediately. Do not attempt to cash or deposit this check.

Signature: _____

Title (If Vendor Check) _____

For Official use only:

Financial Aid Check <input type="checkbox"/>	Check is NOT being retained by C&C	Initials _____
Refund Check <input type="checkbox"/>	Check is NOT being retained by Cashier	Initials _____
Correct Address <input type="checkbox"/>		
	Disbursement Request Number	_____
Date sent to AP _____	Journal Entry Number	_____
Cancelled/Reconciled _____	Replacement Check Number	_____
	Replacement Check Date	_____
For replacement of a returned Payroll ACH, the EFT Flag has been removed.		Initials _____
Date Stop Payment Processed _____		

When completed, mail this form to:
Broward College
Treasury Management
225 E. Las Olas Blvd.
Fort Lauderdale, FL 33301

For Students and Employees:
Please note that if your mailing address and phone # are **NOT** correct in Broward College's computer system, they must be changed on the Web at www.broward.edu **BEFORE** mailing this letter.