

Richard Stockton College of New Jersey

Void/Stop Payment request

Send the completed form to Banking Services / Parkway Bldg.

I. ACTION:

_____ VOID (Attach original check)

_____ STOP PAYMENT (Transmit immediately to Banking Services)

II. CHECK INFORMATION

General – required for **Banner** check action

Bank # _____ Check # _____ Check Date ____/____/____ Check Amount \$ _____

Check Payee: _____ Vendor Phone # _____

Z# _____ Document # _____ Fopal _____

Dept: _____ Ext: _____ Request Date: ____/____/____

Name of Requester (Print): _____

Department Approval/Signature _____

Reason: _____

III. Banking

Stop/Payment Confirm # _____ Date: ____/____/____ By: (RSC) _____

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: _____

Name of Requester (Print): _____

Signature requesting Check or Action: _____

Request Date : ____/____/____ Reason: _____

_____ Date void processed in system ____/____/____