

Accounts Receivable Operations**STOP PAYMENT REQUEST FORM**

STUDENT'S NAME: _____

CSUID: _____

PHONE NUMBER: _____

EMAIL: _____

CHECK AMOUNT: _____

ISSUE DATE (IF KNOWN): _____

CHECK NUMBER (IF KNOWN): _____

HOW WOULD YOU LIKE YOUR REFUND TO BE SENT?

- ☐ I have signed up for direct deposit and would like my refund deposited to my personal bank account.
- ☐ I would like to have the re-issued check mailed to my local address as it appears on RAMweb.
- ☐ I would like my refund check to be voided and credited toward any outstanding balance owed on my CSU Student Account. Any excess will be refunded to me.

I, _____, have thoroughly searched for the refund check originally issued to me by Colorado State University, it has been at least (10) days since the refund was issued, and I have not found it. I understand that this stop payment request will automatically void the original check. I also understand that any attempt on my part to cash the original check may constitute legal offense and may result in bank processing fees for which I will be responsible.

STUDENT SIGNATURE: _____

DATE: _____

RETURN THIS FORM WITH A COPY OF YOUR PHOTO ID TO:**SECURE DOCUMENT UPLOAD**
<https://col.st/NAlyX>**EMAIL**
AROperations@colostate.edu**DROP OFF IN-PERSON**
Howes Business Center, 1st floor
555 S Howes St
Fort Collins, CO 80523**MAIL**
Accounts Receivable Operations
6015 Campus Delivery
Fort Collins, CO 80523-6024**For Accounts Receivable Staff Use:**

ARO Staff Name	Original Check Number	Amount	Issue Date