

# Florida Community College at Jacksonville Stop Payment Form

Date: \_\_\_\_\_

Campus: \_\_\_\_\_

To: Florida Community College @ Jacksonville  
Finance Department  
ATTN: BANK RECONCILIATION ACCOUNTANT  
501 West State Street  
Jacksonville, FL 32202

From: \_\_\_\_\_

(name)

Home Phone: \_\_\_\_\_

\_\_\_\_\_

(address)

Work Phone: \_\_\_\_\_

RE: Stop Payment Request

Vendor ID / Social Security #: \_\_\_\_\_

PLEASE ISSUE A STOP PAYMENT ON THE FOLLOWING CHECK TYPE: (select one)

\_\_\_\_\_ Payroll      \_\_\_\_\_ Vendor      \_\_\_\_\_ Student Refund      \_\_\_\_\_ Other

REASON FOR STOP PAYMENT REQUEST:

\_\_\_\_\_ lost in the mail      \_\_\_\_\_ destroyed      \_\_\_\_\_ stolen  
\_\_\_\_\_ mailed to wrong address      \_\_\_\_\_ misplaced      \_\_\_\_\_ other

This stop payment request will not be accepted by FCCJ earlier than 10 days after the date the check was mailed. Upon receipt of the stop payment confirmation from the bank, FCCJ will request a replacement check.

By signing this form, I certify that I will not cash the above check for which the stop payment has been requested.

\_\_\_\_\_

signature

\_\_\_\_\_

date

### FCCJ OFFICE USE ONLY

CHECK DESCRIPTION:

check #: \_\_\_\_\_

check date: \_\_\_\_\_

check amount: \_\_\_\_\_

name on check: \_\_\_\_\_

M

CPU

\_\_\_\_\_

staff signature

\_\_\_\_\_

date