



## Stop Payment / Check Trace Request Form

1. Name \_\_\_\_\_
2. Student ID: \_\_\_\_\_
3. Check Date or Semester of check that you are requesting: \_\_\_\_\_
4. Amount of Check: (US dollar) \_\_\_\_\_
5. Current / New Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-mail: \_\_\_\_\_

If you have recently moved, please provide your previous mailing address for a Stop and Recover of the original.

6. Previous / Old Address:
- Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Phone Number : \_\_\_\_\_ E-mail: \_\_\_\_\_

7. What action are you requesting for this check?  Reissue check  Return funds to 6 . ( \$  Copy of Check
8. Direct Deposit: Are you enrolled in direct deposit?  Yes  No

If yes, and a stop payment is required, would you like the funds re-issued by direct deposit?  Yes  No

Please note:

You must change your address on the student portal at my u N H D.edu before your request can be processed.

If you receive the check in the mail, after you have sent this request to us, you may not cash it. If you cash or deposit the check, you will be liable for all cost incurred by your financial institution and. ( \$.

By signing this I acknowledge that I have waited \_\_\_\_\_ days and have not received my refund check.

Signature  Date

Please fax to 301-985-7858 or e-mail to [osacommunications@umhc.edu](mailto:osacommunications@umhc.edu)