

OFFICE OF STUDENT ACCOUNTS  
223 JAMES P. BRAWLEY DRIVE, SW  
204 HAVEN WARREN HALL  
ATLANTA, GA 30314  
(404) 880.8033 TELEPHONE  
(404) 880.6317 FAX  
studacct@cau.edu

### STOP PAYMENT & REISSUE REQUEST FORM

Please print all information below:

Student Name \_\_\_\_\_

Parent Name (if parent plus refund) \_\_\_\_\_

Student ID# \_\_\_\_\_ Check Amount \_\_\_\_\_ Semester \_\_\_\_\_

Request that a duplicate check be issued for the following reason(s):

\_\_\_\_\_ I never received the original check.

\_\_\_\_\_ The original check was destroyed or lost.

OTHER REASON: \_\_\_\_\_

I hereby authenticate that the above information is accurate. Additionally, if I do receive or find the original check I will not cash but immediately return the check to the Office of Student Accounts, 204 Haven Warren Hall.

In the event that I do cash or deposit both the original and replacement checks, I understand that the Office of Student Accounts will post the amount to my student account and refer my account to a collection agency, which I will be responsible for additional collection costs.

\*\*\*Please note: All reissued checks will be processed during the following week after the request is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

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

Please e-mail, mail, fax, or submit the completed form along with a clear copy of your photo I.D. (Driver's License, State I.D., or Student I.D.) to the address listed above.

#### Student Accounts Office Use ONLY:

Initial CK # \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck Amt \_\_\_\_\_

Reissue Ck # \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck Amt \_\_\_\_\_

Accounts Payable Void Date: \_\_\_\_\_ Initials \_\_\_\_\_