



Student Financial Services
sfs@winthrop.edu
 Fax: (803) 323-2286

STOP PAYMENT REQUEST FORM – REFUNDS

By completing this form, you are authorizing Winthrop University to place a stop payment on a refund check that was issued to you. Stop payments will be processed after a mailed check has been missing for fourteen (14) days. Forms may only be completed by the individual to whom the refund check was issued. Please allow five (5) business days for the re-issue of your refund check.

Once the form is completed, you may fax, scan and email, or hand deliver the Stop Payment Request Form in person to Student Financial Services located in 21 Tillman Hall. Forms that are not signed will not be processed.

_____		_____		_____	
Last Name:	First Name	MI	Phone Number		
_____		_____		_____	
Permanent Address:	City:	State:	Zip:	Student ID#	
_____		_____		_____	
Signature		Email Address			
_____		_____		_____	
Check Date	Check Amount		Today's Date		

Reason for request: Check not received Is the address listed above your Permanent Address in WINGSPAN? YES NO

Check lost

Check damaged Will you sign up for Direct Deposit for faster and safer refund processing? YES NO

Check stolen

My signature above confirms that I am requesting a stop payment on the check listed above and a replacement refund be issued to me, if applicable. Further, if through some misunderstanding, I am the recipient of funds from both the original and replacement refunds, I will repay Winthrop University the full amount due immediately.

NOTE: In the event you receive or find the original check after you submit this form, return the check to Winthrop University. Do not attempt to cash or deposit it.

For office use only:

Date Form Received: _____ Stop Pay/Void Completed: _____