



**STUDENT STOP PAYMENT REQUEST**

**Social Security#:** \_\_\_\_\_ **Student Identification#:** \_\_\_\_\_

**Texas Driver License#:** \_\_\_\_\_ **Texas Identification#:** \_\_\_\_\_

**Name:** \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle Init)

**Address:** \_\_\_\_\_  
(Street No.) (Street Name)

\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone #)

**Refund Check:** \_\_\_\_\_  
(Date) (Amount)

**Reason For Request:** (Please circle One)

- a. Check was never receive
- b. Check was misplaced
- c. Check was damaged
- d. Check was stolen
- e. Check was forged

**Note: A Stop Payment Fee of \$25.00 will be assessed to this refund. In the event of an audit of tuition and fees, we reserve the right to any and all monies overpaid to you as result of this stop payment request. I Understand the consequences of falsifying any information pertaining to this Stop Payment Request and I Agree to the fees and other additional cost.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Below Line - For Bursar Office Use Only**

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**Initial Refund Check:** \_\_\_\_\_  
(Debit Account #) (Credit Account #)

\_\_\_\_\_  
(Check Date) (Check Number)

**Replacement Check:** \_\_\_\_\_  
(Debit Account #) (Credit Account #)

\_\_\_\_\_  
(Check Date) (Check Number)