



OFFICE OF THE BURSAR
 1637 BEDFORD AVENUE, S-308
 BURSAR@MEC.CUNY.EDU
 718-270-6095

STOP CHECK REQUEST FORM

By completing this form, you are authorizing Medgar Evers College 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 thirty (30) business days. Forms may only be completed by the individual to which the refund check was issued. **Please include a copy of your photo ID with this form when requesting a stop payment.** Allow 30 to 90 business days for the re-issue of your refund check. **Forms that are not signed or not accompanied with a photo ID will not be processed.**

Return the completed form by:

Fax: (718) 270-6286

Email: bursar@mec.cuny.edu

In-person: 1637 Bedford Ave, S-308 (3rd Floor)

First Name: _____ Middle Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ Apt or Floor Number: _____ City: _____ State: _____ Zip Code _____

E-mail: _____

Did you update your [address](#) on CUNYFirst?

Yes No

Are you enrolled for [direct deposit](#)?

Yes No

Reason for Request:	Check lost	Check damaged	Refund	Date or Semester
	Check not received	Check stolen	Amount:	Issued:
	Incorrect Address			

My signature below confirms that my home, mailing, and billing addresses are current and/or that I have enrolled in direct deposit through my CUNYFirst student account. I understand that failure to update my addresses or enroll in direct deposit will delay the stop check request from being processed. Additionally, I am aware that the request will take 30 to 90 business days after being submitted to Medgar Evers College Office of the Bursar for investigation.

My signature below confirms that I am requesting a stop payment on the check listed above and a replacement check be issued to me, if applicable. If the check has been cashed, I agree to assist Medgar Evers College in seeking to recover these funds by completing and signing an Affidavit of Fraudulent Activity.

Further, if through some misunderstanding, I am the recipient of fund from both the original and replacement checks, I will repay Medgar Evers College 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 Medgar Evers College. Do not attempt to cash or deposit it.

Signature: _____ EMPL ID Number: _____ Date Completed:

For Office Use Only: Check Information: Voucher ID Number: _____
 Check Number: _____

Date Issued: _____ Date Processed: _____ Initials: _____