COMPTROLLER'S OFFICE

ALABAMA A&M UNIVERSITY **|** Patton Hall Room 105 | www.aamu.edu

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Payment Cancellation Request Form

INSTRUCTIONS: Fill out the form in its entirety. If you are completing this form on behalf of the payee, supporting documents must be attached indicating the payee's wish to have the check cancelled. Allow 12 business days for the cancellation and reissuance (if applicable). ***Note: There may be a $20 check cancellation fee.***

I. REQUESTOR CONTACT INFO: COMPLETED BY REQUESTOR

Name: _____ ID No. (if applicable): _____

Phone: _____ Email: _____

Payee Name: _____ Payee ID (if known): _____

Check Date: _____ Check Amt: _____ Check No.: _____

II. REASON FOR REQUEST: COMPLETED BY REQUESTOR. CHECK THE APPROPRIATE BOX.

_____ I have not received this check in the mail. I have provided my current mailing address below.

_____ I have misplaced the check or it has been damaged.

_____ Other reason (provide details): _____

_____

I have read and understand the instructions included with this form. I further understand that there is a 12 day processing window for this request, which includes a check reissuance, if applicable. I understand I must pay the $20 fee, if applicable, before this request is processed.

Requestor Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE. BUSINESS OFFICE USE ONLY.

III. BANK CANCELLATION: COMPLETED BY GENERAL ACCOUNTING			IV. BANNER CANCELLATION/REISSUANCE: COMPLETED BY ACCOUNTS PAYABLE
Confirm check data in Banner.	Check Data	Lists to Check	*Notes*
Confirm check does not appear on the returned, stopped, void, or cleared lists.	#:_____	Returned	*Notify Student Account Services if the check being cancelled is related to a student refund from a prior fiscal year.*
	D:_____	Stopped	
Has fee been paid if necessary?	$_____	Void	
Process Stop Payment via bank.	I:_____	Cleared	
Attach bank stop confirmation.	Check Cancellation Info		*Student Account Services will do a refund cancellation and a new invoice in the current fiscal year.*
Sign below.	Re-establish? Yes No		
Route to Accounts Payable.	Check ACH		

_____ _____ _____ _____
Processed by General Accounting   Date   Processed by Accounts Payable   Date

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