Stop Payment Request Parent PLUS Loan Refund

Complete, sign, and return this form to the OFFICE OF THE UNIVERSITY BURSAR

Email: bursar@osu.edu Fax: 614-292-1106

Mailing Address: Office of the University Bursar, The Ohio State University PO Box 183248, Columbus OH 43218

To submit a form in person, visit the 1st Floor Payment Dropbox in the Student Academic Services Building

Stop Payment Requests are accepted 10 business days after check issue date. Forms are processed within 10-15 business days and any refunds due will generally be received 10-14 business days after processing.

THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE PARENT PLUS LOAN BORROWER

arent (Borrower) Name: (Required)		
arent (Borrower) Mailing Address:	(Required)	
rent (Borrower) Phone: (Required)		
udent's Email Address: (Required)		
tudent's OSU ID #: (Required)		
heck Amount (Required)		
EASON FOR STOP PAYMENT REQU		
Check Lost or Destroyed	Incorrect Address	Other:
ORROWER SIGNATURE		DATE
If you receive the above chee	ck after submitting this Ston D	ayment Request, DO NOT CASH IT.

FOR FURTHER INFORMATION ABOUT REFUNDS

Contact bursar@osu.edu to confirm the check is still eligible to be cashed.

Visit https://go.osu.edu/refunds

