OFFICE OF THE UNIVERSITY BURSAR

STOP PAYMENT REQUEST FORM

PLEASE COMPLETE, SIGN, AND RETURN FORM TO THE OFFICE OF THE UNIVERSITY BURSAR

VIA FAX, EMAIL, OR IN PERSON.

FAX: 614-292-1106
EMAIL: BURSAR@OSU.EDU
IN PERSON: STUDENT ACADEMIC SERVICE BUILDING
1st FLOOR DROPBOX, 281 WEST LANE AVENUE COLUMBUS, OH 43210

Student Academic Services Building Lobby Hours: Monday through Thursday 9am to 5pm / Friday 9am to 4pm

NOTE: - STOP PAYMENT REQUESTS WILL BE ACCEPTED 10 BUSINESS DAYS AFTER THE CHECK ISSUE DATE.
- FORMS WILL BE PROCESSED WITHIN 3-5 BUSINESS DAYS AND ANY REFUNDS DUE WILL GENERALLY BE RECEIVED 5-10 BUSINESS DAYS AFTER PROCESSING.
- THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE STUDENT AND RETURNED FROM THE STUDENT’S OSU EMAIL ADDRESS.

TO PREVENT REFUND DELAYS, PLEASE SIGN UP FOR DIRECT DEPOSIT THROUGH YOUR MY BUCKEYE LINK ACCOUNT.

NAME OF STUDENT (Required) _____________________________________________________________

STUDENT EMAIL ADDRESS (Required) ______________________________________________________

OSU STUDENT ID # (Required) _____________________________

STUDENT PHONE # (Required) _____________________________

AMOUNT OF CHECK (Required) _____________________________

REASON FOR STOP PAYMENT REQUEST (PLEASE SELECT):

☐ CHECK LOST/DESTROYED ☐ INCORRECT ADDRESS

☐ OTHER ______________________________________________

STUDENT’S SIGNATURE _____________________________ DATE _____________________

IF YOU HAPPEN TO RECEIVE THE ABOVE CHECK AFTER THE STOP PAYMENT REQUEST WAS SUBMITTED, DO NOT CASH THE CHECK. PLEASE CALL 614.292.1056 TO MAKE SURE THE CHECK IS STILL ELIGIBLE TO BE CASHED.

INTERNAL USE ONLY:

CHECK NUMBER _____________________________ CHECK ISSUE DATE _____________________________

NAME OF OSU REPRESENTATIVE _____________________________ DATE: _____________________________

CHECK STATUS (PLEASE SELECT):

☐ MAILED/OUTSTANDING ☐ VOIED/PENDING VOID ☐ OTHER

Rev 8/16/2021