Stop Payment Request Parent PLUS Loan Refund

Please 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 front desk in Buckeye Link, located on the 1st Floor in the Student Academic Services Building at 281 W. Lane Avenue

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

Parent (Borrower) Name: (Required)	
Parent (Borrower) Mailing Address: (Required)	
Parent (Borrower) Phone: (Required)	
Student's Email Address: (Required)	
Student's OSU ID #: (Required)	
Check Amount (Required)	
REASON FOR STOP PAYMENT REQUEST (PLEASE SELECT):	
Check Lost or Destroyed Incorrect Addres	s Other:
BORROWER SIGNATURE	DATE
If you receive the above check after submitting this Stop Payment Request, <u>DO NOT CASH IT.</u> Please contact 614-292-1056 to confirm the check is still eligible to be cashed.	
FOR EURTHER INFORMATION ABOUT REFUNDS	

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

