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 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

Parent (Borrower) Name: (Required)				_
Parent (Borrower) Mailing Address: (Requir	ed)			
Parent (Borrower) Phone: (Required)				
Student's Email Address: (Required)				
Student's OSU ID #: (Required)				
Check Amount (Required)				
REASON FOR STOP PAYMENT REQUEST (P	PLEASE SELECT):			
Check Lost or Destroyed	Incorrect Address	Other:		
BORROWER SIGNATURE			DATE	
If you receive the above check after subm Please contact 614-292-1056 to confirm the		-	T CASH IT.	

FOR FURTHER INFORMATION ABOUT REFUNDS

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

