



Nevada State College

Stop Payment Request

Type of Stop Payment:

Stop Payment Request

Void Check (Physical Check required)

Direct Deposit Reversal

Name: _____

Student NSHE ID: _____

Check Number _____ Date of check _____ Amount _____ Term _____

Direct Deposit Bank Account _____ Date of ACH _____ Amount _____ Term _____

Reason for Stop Payment:

Action Requested:

Replacement Check

Post funds back to account

Direct Deposit refund

Complete when requesting a replacement check or Direct Deposit refund:

The undersigned authorizes Nevada State College to issue a **stop payment** on the above mentioned check.

By signature below, I verify that I have not received the Refund listed above and agree to all the terms and conditions stated below in this request.

- Once the stop payment is placed the original refund becomes **VOID**.
- The Refund check **CAN NOT** be cashed, and **MUST** be returned to NSC Cashier's Office if received after the stop payment is requested
- A replacement check will be issued 10 working days after the stop payment has been processed by the College Controller's Office.
- **You have updated/verified mailing or direct deposit information on MyNSC.**
- Failure to comply with the terms and conditions may result in penalties and fees being accessed to your account.

Student Signature

Date

Upon completion of this form, please mail, fax or hand-carry to:

NSC Cashier's Office
311 Water Street, Henderson, NV 89015
Fax to (702) 992-2111

Received by:	Date Received:
Processed by:	Date Processed:
For ACH only: ACH number:	Incorrect bank acct: routing #:
Sent to Controller's office: Yes / No	Date Sent:

For Cashier's Office use only: