



# Nevada State College

## Stop Payment Request

Type of Stop Payment:

Stop Payment Request

Void Check (Physical Check required)

Name: \_\_\_\_\_

Student ID (H number): \_\_\_\_\_

Check Number \_\_\_\_\_ Date of check \_\_\_\_\_ Amount \_\_\_\_\_ Term \_\_\_\_\_

Reason for Stop Payment:

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Action Requested:

Replacement Check Requested       Post funds to account

Complete only when requesting a replacement check:

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 check and agree to all the terms and conditions stated below in this request.

- Once the stop payment is placed the check becomes **VOID**.
- The 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.
- Failure to comply with the terms and conditions may result in penalties and fees being accessed to your account.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail replacement check to:

|              |                   |
|--------------|-------------------|
| Address:     | City:             |
| State:       | Zip:              |
| E-mail:      | Telephone (Home): |
| Cell Number: | Telephone (Work): |

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

For Cashier's Office use only:

|  |                   |
|--|-------------------|
| Received by:                               | Date Received by: |
| Sent to Controller's office:      Yes / No | Date Sent:        |