

A refund check, # _____, in the amount of \$ _____ was mailed to me on _____.

I affirm that:

As of this date, I have not received the check.

The check was received by me and was subsequently lost, misplaced, or destroyed.

The check is now stale dated/void (If you still have the check, please destroy it)

I am requesting a stop payment on this check. I realize that this process can take up to 15 business days and that if **I subsequently receive or recover the original check it will not be negotiable and must be returned to SVC 1039.** I understand that if for any reason the original check is cashed after receiving a replacement check or after the funds have been disbursed into my bank account, that my University records will be placed on hold and I will be responsible for repayment of the amount of the original check. I would like:

if possible, for the funds to stay in my USF student account. **(NOTE: If the University is owed money for a current or past term all or part of the check may be applied to your student account.)**

for the funds to be deposited into my checking account **(You need to have signed up for eDeposit on Student Self-Service).**

for a replacement check to be mailed to me. **I understand that the check will be mailed to my active local mailing address on Student Self-Service and it is my responsibility to make sure the address is correct. (If you have an active eDeposit account you will not get a check)**

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