



**ASSOCIATED STUDENTS, INC.**  
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## STOP PAYMENT FORM REQUEST

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**Name of Group/Club** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Reason for stop payment request:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### FINANCIAL SERVICES USE ONLY

**Stop Date:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_