

LOST CHECK

Stop Payment & Replacement Check

If an accounts payable check (disbursement check) has been lost, never received, contains a misspelled name/address, or has not been cashed within the 90 day valid period, a stop payment and/or replacement check form would need to be filled out.

These forms can be submitted through email at asifs@cpp.edu

- A **Stop Payment Form** is filled out for AP checks that has not expired **within the 90 days**. This form is completed to stop payment on the check.
- A **Replacement Check Form** must be filled out in order to reissue and replace a check that may have been lost, never received, has a misspelled name/address, etc.

When to Use Each Form

- **Stop Payment Form and the Replacement Check Form:** To stop payment of the issued check and replace it with a new check.
- **Replacement Check Form:** Check is past the 90 day valid period and the customer will need it reissued and replaced.



How to

Filling in the Stop Payment Form Request

(Refer to page 77 for Stop Payment Form Request)

1. The Account name (club/organization name) and the account number of payer.
2. Check Number, Date Issued, Amount and Payee information can be found on the check.
 - a. If this information cannot be obtained, Financial Services can assist you.
3. Reason for stopping check payment.
4. Name and Signature should be provided by the payee.



How to

Filling in the Request for Replacement Check

(Refer to page 78 for Request for Replacement Check form)

1. Check Number, Amount, and who it is payable to are found on the check
 - a. If this information cannot be obtained, Financial Services can assist you.
2. Check one of the options or provide an explanation for a replacement check.
3. Provide the name, address and contact information of the individual receiving the new check.
 - a. State your relationship to the payee if you are not the payee.



ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
3801 West Temple Avenue Bldg 35
Pomona, CA 91768
Phone: (909) 869-2800
Fax: (909) 869-6858

STOP PAYMENT FORM REQUEST

1 **Name of Group/Club** Sample Form Society **Account #:** 3S0123

2 **Check Number:** 012345 **Date Issued:** 09/30/2020 **Amount:** \$100

3 **Payee:** Jeff Kappa

Reason for stop payment request: Check not recieved

Name (print): Jeff Kappa

4 **Signature:** Jeff Kappa **Date:** 10/31/2020

FINANCIAL SERVICES USE ONLY

Stop Date: _____ **Processed by:** _____

Approved: _____ **Date:** _____