

# Lost Check

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## Stop Payment & Check Replacement

Both a **Stop Payment Form** and a **Check Replacement Form** must be completed and emailed to [asifs@cpp.edu](mailto:asifs@cpp.edu) to reissue and replace a check that may have been lost, never received, or has a misspelled name/address.

### How to

#### Filling in the Stop Payment Form

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. 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.



ASI Cal Poly  
Pomona

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

## Filling in the Check Replacement Form

1. Check Number, Amount, and who it is payable to are found on the check. 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.
4. State your relationship to the payee if you are not the payee.



ASI Cal Poly Pomona

### ASI REQUEST FOR REPLACEMENT CHECK

**1** I (We) certify that the check number # 0000001, in the amount of \$ 100 payable to Bob Butler has been:

(Check One)

- Lost
- Stolen
- Destroyed
- Other (Describe below)

**2**

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Note: Replacement Check will be reissued upon verification of Signature on file

Bob Butler

Name of Individual or Organization Officer

**3** 1234 S. Temple St.  
Address

Pomona CA 91738  
City State Zip Code

(626)123-4567  
Phone Number

Bob Butler 10/20/2020  
Signature Date