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# Stop Payment & Replacement Check Form

Name of Group/ Club:

Account Number:

Check Number:

Date Issued:

Amount:

Payee:

Please Check what you're Requesting:

Stop Payment

Replacement Check

Both

Uncashed ASI check

I (We) certify that check #

, in the amount of \$

payable to

has been? (Select one:)

Lost

Stolen

Destroyed

Other(Describe Below):

Note: Replacement Check will be reissued upon verification of Signature on file.  
(ONLY FILL OUT FOR CHECK REPLACEMENTS)

Name of Payee or  
Organization Officer:

Phone:

Address:

City:

State:

Zip Code:

Signature:

Date:

## FINANCIAL SERVICES ONLY

Stop Date:

Processed by:

Approved:

Date: