



LOUISIANA STATE UNIVERSITY

Louisiana State University  
Office of Accounting Services  
Financial Accounting & Reporting  
204 Thomas Boyd Hall

**STOP PAYMENT/ CANCELLATION REQUEST FOR CHECK PAYMENTS**

**AS32**

Request Date \_\_\_\_\_

**Stop payment**

**Cancel (if original check is attached)**

|                 |              |            |         |
|-----------------|--------------|------------|---------|
| Department      |              | Contact    |         |
| Check #         | Check Date   | Net Amount |         |
| Payee           |              |            |         |
| LSU ID or SPL # | Payment Type | CHK        | EPY PMD |

\* I certify that I accept financial responsibility for all costs incurred if this check is deposited after the stop payment has been placed. In the event I receive this check, I will return it to LSU, Office of Accounting Services, 204 Thomas Boyd Hall, Baton Rouge, LA 70803.

All reissued PAYROLL CHECKS are subject to a \$25 stop payment fee. The fee will be deducted from the next payroll check. If you are currently enrolled or decide to enroll in Direct Deposit, the fee will be waived.

\_\_\_\_\_  
\* **Signature of Payee (Required for Stop Payment)**      **LSUID or SPL #**      **Date**

**Reason**

|                          |                       |                          |                        |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Did not receive check | <input type="checkbox"/> | Misplaced check        |
| <input type="checkbox"/> | Damaged check         | <input type="checkbox"/> | Duplicate payment      |
| <input type="checkbox"/> | Incorrect amount      | <input type="checkbox"/> | Incorrect vendor/payee |
| <input type="checkbox"/> | Other _____           |                          |                        |

**Action**

**Do not reissue**

**Reissue**     Contact me at \_\_\_\_\_ or  
 Mail the check to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Reissue via Electronic Payment (if applicable)**

**FOR ACCOUNTING SERVICES USE ONLY**

|                 |  |
|-----------------|--|
| Processed by:   |  |
| Date processed: |  |
|                 |  |