



Nevada State College

Stop Payment Request

Type of Stop Payment: Stop Payment Request Void Check (Physical Check required)

Name: _____ Student NSHE ID: _____

Check Number _____ Date of Check _____ Amount \$ _____ Term _____

Reason for Stop Payment:

Updated address:

Was the Check Received? YES NO

Was the Check Returned with this request? YES NO

Action Requested:

Replacement Check Post funds back to account

Complete when requesting a replacement check:

The undersigned authorizes Nevada State College to issue a **stop payment** on the above mentioned check.

By signature below, I verify that I have not received the Refund listed above and agree to all the terms and conditions stated below in this request.

- Once the stop payment is placed the original refund becomes **VOID**.
- The Refund check **CAN NOT** be cashed, and **MUST** be returned to NSC Cashier's Office if received after the stop payment is requested
- A replacement check will be issued within 10 working days after the stop payment funds have been returned from BankMobile disbursements.
- **You have updated/verified mailing address on this in stud center or pre this form.**
- Failure to comply with the terms and conditions may result in penalties and fees being accessed to your account.

Student Signature _____

Date _____

Upon completion of this form, please mail, email or hand-carry to:

Received by:	Date Received:
Processed by:	Date Processed:
For ACH only: ACH number:	Incorrect bank acct: routing #:
Sent to Controller's office: Yes / No	Date Sent:

NSC Cashier's Office

1300 Nevada State Drive, Henderson, NV 89002

For Cashier's Office use only: