



FINANCE AND ACCOUNTING VOID/STOP PAYMENT REQUEST - VENDORS PAYABLE

The original direct deposit (ACH) must **not** exceed 5 business days or the original check date **must exceed** 10 business days, in order for the stop payment to be processed. Please send the completed electronic version of this form to vendor@ucf.edu. Allow up to 7 business days from the receipt of this form for a replacement direct deposit (ACH) or check to be completed. If the original check is found after this request has been submitted, do not attempt to deposit it and promptly return it to the **University of Central Florida, Finance and Accounting, 12424 Research Parkway, Suite 300, Orlando, FL 32826.**

<p style="text-align: center;"><u>To be completed by Payee (Please Print)</u></p> <p>Payee: _____ _____</p> <p>Vendor ID#: _____</p> <p>_____</p> <p>Current / Correct Mailing Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone #: _____</p> <p>Email Address: _____</p>	<p style="text-align: center;"><u>To be completed by Vendors Payable:</u></p> <p>Please select the appropriate reason:</p> <p style="text-align: center;">Incorrect Check Amount Incorrect Payee</p> <p style="text-align: center;">Duplicate Payment Check Stolen</p> <p style="text-align: center;">Incorrect Address Check Never Received</p> <p>Other: _____</p> <p>Original Check is in our possession (check): Yes No</p> <p>Voucher# _____</p> <p>Check /ACH#: _____ Vendor ID#: _____</p> <p>Check /ACH Amount: _____ Check/ACH Date: _____</p>
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I acknowledge with my signature below that I accept additional banking fees charged by my banking institution, if I have attempted to cash the original check.

Requestor's Signature: _____ **Date:** _____
Requestor's Name (Print): _____
Approved by: _____ **Date:** _____

Please request UCF Financials action by selecting one of the following void types:

Void/Reissue/Attachment (VRA)
Void/Hold (VH)