



FINANCIAL AFFAIRS VOID/STOP PAYMENT REQUEST

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 Laura.Crouch@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, Financial Affairs, 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>Supplier 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 Department:</u></p> <p>Please select the appropriate reason:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Incorrect Check Amount</td> <td><input type="checkbox"/> Incorrect Payee</td> </tr> <tr> <td><input type="checkbox"/> Duplicate Payment</td> <td><input type="checkbox"/> Check Stolen</td> </tr> <tr> <td><input type="checkbox"/> Incorrect Address</td> <td><input type="checkbox"/> Check Never Received</td> </tr> </table> <p>Other: _____</p> <p>Original Check is in our possession (check): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Supplier Invoice # _____</p> <p>Check /ACH#: _____ Supplier ID#: _____</p> <p>Check /ACH Amount: _____ Check/ACH Date: _____</p> <p>Is this for a Sponsored Project: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this for Unclaimed Property: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Incorrect Check Amount	<input type="checkbox"/> Incorrect Payee	<input type="checkbox"/> Duplicate Payment	<input type="checkbox"/> Check Stolen	<input type="checkbox"/> Incorrect Address	<input type="checkbox"/> Check Never Received
<input type="checkbox"/> Incorrect Check Amount	<input type="checkbox"/> Incorrect Payee						
<input type="checkbox"/> Duplicate Payment	<input type="checkbox"/> Check Stolen						
<input type="checkbox"/> Incorrect Address	<input type="checkbox"/> Check Never Received						

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 Workday action by selecting one of the following void types:

Void/Reissue/Attachment (VRA)

Void/Hold (VH)