

Application for Stop Payment and Affidavit

This form is to request a stop payment on a check and to request the issuance of a replacement check.

Submit completed & signed form to the [Student Financial Services Application for Stop Payment and Affidavit Dropbox](#). Please review the instructions on the second page prior to submitting your form.



STUDENT
FINANCIAL SERVICES

NAME: _____ STUDENT ID #: _____

MAILING ADDRESS: _____

CITY: _____ STATE, ZIP: _____

PHONE NO: _____ ALTERNATE NO: _____

NAME OF PAYEE ON THE CHECK: _____ AMOUNT: _____

CHECK NO: _____ CHECK DATE: _____

Whether the check was received or not, the payee should state below all information known by him/her regarding the loss, theft, mutilation, defacement, destruction or non-receipt of the check:

I _____ [payee name] state and affirm that I am the owner of the above identified check. I am requesting payment of this check be stopped and I am requesting a replacement for this check be issued to me.

I further state and affirm that the statements written above on the whereabouts of this check are true and correct. I hereby agree that if the original check comes into my possession or control, at any time, I will not cash the original check on which a stop payment has been requested. I will surrender and return the original check immediately to the University.

If, for any reason, both the original check and the substitute (reissued) checks are cashed, and I am found to have cashed both checks, I hereby agree to pay the University for the amount of the original cashed check.

I understand that the University has the right to conduct an investigation into the original check that may involve the District Attorney's Office and I agree to cooperate with this investigation.

(a) If executed within California:

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Payee Digital Signature: _____

Date: _____

(b) If executed at any place, within or without this state:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Payee Digital Signature: _____

Date: _____

For CSUDH Student Financial Services Office Use Only

Ensured alleged check is not being held for any reason or has not returned and been mailed out.

Signature: _____ Date: _____

Application for Stop Payment and Affidavit Instructions

1. Please **type** your information in the required fields. Handwritten and incomplete forms will not be accepted.
2. To sign the completed form, please use a [digital signature](#) only.
3. Upload your completed form to the [Student Financial Services Application for Stop Payment and Affidavit Dropbox](#). Please do not upload a picture or scanned version of your completed form.
4. If you have any questions or concerns, please email sfs@csudh.edu