



INSTRUCTIONS:

This form is a request for Accounts Payable to place a stop-pay on a check that has been cut and is no longer to be presented for payment.

- Fill out all the information that applies.
- Return this completed form to apbanking@osu.edu
OR click "SUBMIT FORM" below.

REQUEST FOR STOP PAYMENT

Vendor/Payee Name	
Vendor ID	
Contact Person	
Contact Phone#	
Check#	
Check Date	
Check Amount	

Reason for Stop Payment:

Stale Dated Check

Paid Wrong Vendor

Paid Wrong Amount

Duplicate Payment

Issued in Error

Bad Address

Misplaced/Stolen

Other: _____

Re-issue:

Yes

No

Voucher Number(s):

Transaction:

Date of Transaction:

Stop Payment Placed	
Check Cancelled	
New Check#	
Stop Payment Confirmed	

COMMENTS:

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