



STOP PAYMENT REQUEST

To: Front Desk
Accounts Payable
ap@admin.utah.edu 201 S Presidents Cir Rm 159
Tele 581-6976

Date ¹: _____

Vendor Name ¹: _____ Vendor #: _____

Vendor Address: _____

Requesting stop payment for:

Check #¹: _____ Check date ¹: _____ Check \$¹: _____

Cancel & Reissue ¹: _____ Cancel ¹: _____

Reason for cancellation ¹: _____

Requester's Name ¹: _____ Telephone ¹: _____

If the address on the replacement check is different than the address on the old check, please list it here:

¹ These fields are required. (Mark whether you want to cancel and reissue, or just cancel the check.)