NYU | Office of the Bursar

Stop Payment Request Form

By completing this form, you are authorizing New York University to place a stop payment on a refund check that was issued to you. Stop payments will be processed after a mailed check has been missing for fourteen (14) days. Forms may only be completed by the individual to which the refund check was issued. **Please include a copy of your photo ID with this form when requesting a stop payment.** Please allow five (5) business days for the re-issue of your refund check. **Forms that are not signed or not accompanied with a photo ID will not be processed.**

Return the completed form by:
E-mail: bursar.studentaccounts@nyu.edu
In-person: 383 Lafayette Street, 1st Floor
Five MetroTech Center, 201 Dibner Building

Last Name: First Name: MI: Phone Number

Street Address: City: State: Zip: N Student's NYU ID#

Signature Email Address

Check Date Check Amount Today's Date

Reason for request:
- ☐ Check not received
- ☐ Check lost
- ☐ Check damaged
- ☐ Check stolen

My signature above confirms that I am requesting a stop payment on the check listed above and a replacement check be issued to me, if applicable. If the check has been or will be cashed, I agree to assist New York University in seeking to recover these funds by completing and signing an Affidavit of Forgery.

Further, if through some misunderstanding, I am the recipient of funds from both the original and replacement checks, I will repay New York University the full amount due immediately.

NOTE: In the event you receive or find the original check after you submit this form, return the check to New York University. Do not attempt to cash or deposit it.

For Office Use Only: Date Processed: Initials: