



FINANCE AND ACCOUNTING VOID/STOP PAYMENT REQUEST - STUDENT ACCOUNT SERVICES

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 submit the completed form via email at studentaccounts@ucf.edu or via fax at (407) 823-1982. 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, 3544 Perseus Loop #160975, Orlando, FL 32816-0975**. **Please ensure that the Payee address listed below is the address listed in myUCF.**

<u>To Be Completed by Payee (Please Print)</u>	<u>To be completed by Student Account Services:</u>
Payee: _____	Please select the appropriate reason:
Term: _____	Incorrect Check Amount Incorrect Payee
UCF ID#: _____	Duplicate Payment Check Stolen
_____	Incorrect Address Check Never Received
Current / Correct Mailing Address	Other: _____
_____	Original Check is in our possession (check): Yes No
City State Zip Code	Voucher# _____
Phone #: _____	Check /ACH#: _____
Email Address: _____	Check /ACH Amount: _____ Check/ACH Date: _____

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:** _____

UCF Financials will use a Void/Release Liability (VRL-UCF02) on this request.

UCF Student Account Services

Phone: 407-823-2433

Fax: 407-823-1982

Email: studentaccounts@ucf.edu