



## 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, Finance and Accounting, 12424 Research Parkway, Suite 300, Orlando, FL 32826. Please ensure that the Payee address listed below is the address listed in myUCF.**

<p style="text-align: center;"><u>To Be Completed by Payee (Please Print)</u></p> <p>Payee: _____</p> <p>Term: _____</p> <p>UCF ID#: _____</p> <p>_____</p> <p>Current / Correct Mailing Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone #: _____</p> <p>Email Address: _____</p>	<p style="text-align: center;"><u>To be completed by Student Account Services:</u></p> <p>Please select the appropriate reason:</p> <p style="text-align: center;"> <span style="margin-right: 100px;">Incorrect Check Amount</span> <span>Incorrect Payee</span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">Duplicate Payment</span> <span>Check Stolen</span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">Incorrect Address</span> <span>Check Never Received</span> </p> <p>Other: _____</p> <p>Original Check is in our possession (<b>check</b>):      Yes      No</p> <p>Voucher# _____</p> <p>Check /ACH#: _____</p> <p>Check /ACH Amount: _____ Check/ACH Date: _____</p>
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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