



SANTA FE COMMUNITY COLLEGE

3000 NW 83rd Street, F-26B
Gainesville, FL 32606
(352) 395-5223
Fax (352) 381-7020

STOP PAYMENT REQUEST

Individual Stop payment _____

I request that a stop payment be placed on the Santa Fe Community College check described below. I fully understand that should I receive the aforementioned check, I should not cash it but return it to the Office for Finance.

*Signature _____

*SFCC ID # _____

or
SFCC Vendor # _____

*Date _____

*Address _____

*City/State/Zip _____

*Telephone # _____

*Please mail my check to the above address _____ -OR-

*I will pick up my check at the cashier's window _____

Business Stop Payment _____

Company Name _____

Address _____

Address _____

City/State/Zip _____

Telephone # _____

Requested by _____
(Company representative)

Title _____

Check #: _____ Check Date: _____ Check Type: _____

Amount: \$ _____ Payee: _____

Reason for Stop Payment:

For Office Use Only

Stop payment requested by: _____ Date _____
(Office for Finance staff member)

Stop payment issued by: _____ Date _____

Confirmation number: _____

Check voided or Canceled on system by: _____ Date _____

New check issued by: _____ Date _____

New check number _____

OUTSTANDING CHECK LIST VERIFIED BY: _____

CHECK WITH CASHIER: _____