THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Student Account Services
44983 Knoll Sq, Suite 290
Ashburn, VA 20147

STOP PAYMENT REQUEST FORM

All Fields Required

Student ID:

| G | | | | | | | |

Student Name:

Phone Number:

Date: _____

I authorize The George Washington University to stop payment on the original check issued to **(Payee)**:

_____, in the amount of _____ that has not been

cashed or deposited because **(Reason)**: _____.

I request the following:

Apply the funds to the current account balance

Receive funds via direct deposit* (*May take up to **7** business days*)

Requests a paper check be sent to the address below (*May take up to **14** business days*)

I understand that a replacement check will be drawn after the university receives written confirmation from its bank that the original check issued has not been negotiated. In the event the original check is located by me, I will return the check immediately to:

The George Washington University, Student Accounts Office, 44983 Knoll Sq, Suite 290, Ashburn, VA 20147

Student Signature: _____   Date: _____

*To set up a refund profile, the student needs to log into Student Account eBill and create a Payment Profile under the eRefunds tab.

***FILL OUT THIS SECTION FOR PAPER CHECKS ONLY** (Not needed for direct deposit)*

Payee Current Information: _____
(Payee Name)

_____
(Street Address)

_____
(Apt, Floor, Suite, Room)

_____   _____   _____
(City)   (State)   (Zip Code)

SAO Use Only

Ck Number:

Amount:

Issued Date:

Account Rep:

Return form to:
Email: refunds@gwu.edu
Fax: (571) 553-1099

Revised 9/13/2023