THE GEORGE Student Account Services

WASHINGTON UNIVERSITY Asphure VA 20147 Ashburn, VA 20147

WASHINGTON, DC

STOP PAYMENT REQUEST FORM

Student ID:	All Fields Required
G	
Student Name:	
Phone Number:	
Date:	
I authorize The George Washington University to stop pay	
, in the a	mount of that has not been
cashed or deposited because <i>(Reason)</i> :	
I request the following:	
Apply the funds to the currer	nt account balance
Receive funds via direct deposit* (May take up to 7 business days)	
Requests a paper check be sent to the address below (<i>May take up to 14 business days</i>) 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:	
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 tal	
FILL OUT THIS SECTION FOR PAPER CHECKS ONLY	(Not needed for direct deposit)
Payee Current Information:(Payee Name)	
(i ayee Manie)	
(Street Address)	
(Apt, Floor, Suite, Room)	
(City)	(State) (Zip Code)
SAO Use Only	
Ck Number:	
Amount:	
Issued Date:	
Account Rep:	
Return form to:	