



Truckee Meadows Community College

Controller's Office

STOP PAYMENT REQUEST

Reason for Request:

Payee Information:

The undersigned authorizes Truckee Meadows Community College (TMCC) to issue a **stop payment** on check number _____, in the amount of \$ _____ and dated _____ and made payable to the undersigned. By signature below I verify that I have not received the check and agree to all the conditions stated in this request. I promise to return the check to the TMCC Controller's Office (RDMT 318) if received at any time in the future. Under no circumstance will I try to cash or deposit said check.

I understand that legal action will be taken if I do not abide by the above-mentioned rules.

_____ _____
Signature **Date**

Please mail to:

Name:	Student ID:
Address:	City:
State:	Zip:
E-mail:	Telephone (Home):
Cell Number:	Telephone (Work):

For Controller's Office use only:

Received by:	Date Received by:
Bank Stop Reference #:	SIS Check:
Date:	ADV Check:
7REQ:	TDET:
Date:	BRCN:
	Photocopy of Check: