Oakwood College
Accounting Office
STOP PAYMENT FORM

Name on Check _____

_____   _____
Check Number   Student ID# (CARS)

_____
Check Amount

_____
Check Date

Reason for Stop Payment _____

_____

_____

Replace Check   _____YES   _____NO

_____   _____
Signature of Requestor   **Date**

Fee: $25.00 ( ) Individual ( ) Department _____

Office Use Only:

Date Completed _____