



UNIVERSITY OF SOUTH FLORIDA

# Stop Payment Request Banner/OASIS check refunds

For Office Use:
Approved by: _____
Scanned: _____
GA: _____
Voided: _____

PLEASE NOTE: Stop pays are not processed until 15 business days after the date the original check was issued. We recommend signing up for eDeposit on OASIS for future refunds. Refund checks are printed once a week. eDeposit refunds are processed most business days.

A refund check, # \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ was mailed to me on \_\_\_\_\_.

**I affirm that:**

- As of this date, I have not received the check.
- The check was received by me and was subsequently lost, misplaced or destroyed.
- The check is now stale dated/void (If you still have the check please destroy it)

Please place a stop payment on this check. I realize that this process can take up to 15 business days and that **if I subsequently receive or recover the original check it will not be negotiable and must be returned to SVC 1039.** I understand that if for any reason the original check is cashed after receiving a replacement check or after the funds have been disbursed into my bank account that my University records will be placed on HOLD and I will be responsible for repayment of the amount of the original check. I would like for:

- the check to be applied to my account to pay for charges/fees/tuition. **(NOTE: If the University is owed money from a current or past term all or part of the check will be applied to your student account.)**
- the funds be deposited into my checking account **(You need to have signed up for eDeposit on OASIS).**
- a replacement check be mailed to me. **I understand that the check will be mailed to my local mailing address on OASIS and it is my responsibility to make sure the address is correct. (If you have an active eDeposit account you will not get a check)**
- a copy of the front and back of the check if the bank shows that it has been cashed or paid.

### CONTACT INFORMATION-Please complete

USF ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email the completed form to: [SFSSStopPay@usf.edu](mailto:SFSSStopPay@usf.edu). Please include "Stop Payment Request" in the subject line of the email. Forms can also be mailed to the address below**

University Controller's Office: REFUNDS  
University of South Florida ♦ 4202 East Fowler Ave, SVC1039 ♦ Tampa, FL 33620-5800  
Email: [SFSSStopPay@usf.edu](mailto:SFSSStopPay@usf.edu)