## San Jose State University

## REQUEST FOR STOP PAYMENT AND REISSUE OF STUDENT REFUND CHECK

(Please be advised that a stop payment and reissue takes approximately two weeks to be completed.

CHECK INFORM	ATION		
PAYEE NAME		SJSU ID#	CHECK AMOUNT \$
DRAWN BY (AG	ENCY)	SAN JOSE STATE UNIVER	SITY
Circle one option:	MAIL	PICK UP	FOR OFFICE USE ONLY
Mail to:			Check Number:
			Date of check:
Tel Number:			
Pick up:	Tel Number:	Email A	ddress:
CERTIFICATIO	ON:		
Ι,			,
address			,
(Stree certify or declare:	(Ci	ity) (State)	(ZIP Code)
That the check descircumstances:	scribed above was lost or d	estroyed on or about	, 20, under the following
possession thereof	f; or the corporation, partne		d or transferred same, and it is entitled to y whose behalf declarant makes this application, i to possession thereof.
declarant, or partn officers and emplo	ership or corporation in whoyees, from any loss resulti	nose behalf he applies, agrees ng from the issuance of said r	lacement check in lieu of said original check, and to indemnify and hold harmless the State its replacement check. (This indemnity agreement is natal agency or officer thereof.)
I certify (or dec	lare) under penalty of perju	ary that the foregoing is true a	and correct.
	at	C-1:6:	
(Date)	, at	, California	