

MICHIGAN STATE UNIVERSITY

STUDENT ACCOUNTS LOST CHECK FORM

Date: _____

Student Refunds
Hannah Administration Building
426 Auditorium Rd Rm 140
Michigan State University
East Lansing, MI 48824-1046
Fax: (517) 353-9640

(STUDENT) PID#: **A** _____

Our records show that on _____ Michigan State University Check
Number _____ in the amount \$ _____ made payable
to _____ was mailed to you. This check has
not yet cleared through our bank.

If this check was (**check one**): **1. Never Received** **2. Lost** **3. Stolen** **4. Destroyed** please
complete the section below and return this notice to our office immediately. Upon receipt of the completed form, we
will issue a replacement check at such time as the bank provides all necessary information to the University.

“I authorize Michigan State University to stop payment on the above check and to issue a replacement check.
I agree that if the original is recovered it is to be returned promptly to your office. I also authorize Michigan
State University to apply the funds from the check to my account, if I have an outstanding balance with the
University. I further agree that if both the original and replacement checks are cashed under circumstances
resulting in overpayment to myself, I will promptly reimburse the University for the amount of overpayment
or (if applicable) hereby authorize the University to deduct the amount of such overpayment from my next
payroll check(s). I also understand that I will be charged a \$25 Check Replacement fee that will be waived if
I sign up to have my refund direct deposited.”

“If I am enrolled as a student, I hereby waive my right to additional notification prior to placement of a
financial hold.”

Payee's Authorized Signature _____

Date: _____

***PLEASE NOTE: If you cash a check that you have
requested to be stopped, your bank may charge you
for the returned check. Please call 517-355-5050 or
800-775-4323 to verify if a stop payment was placed.***

Mailing Address: (Print Clearly)

*****DIRECT DEPOSIT - no fee** _____

*****MAIL CHECK - \$25 fee** _____

*****HOLD FOR PICK-UP - \$25 fee** _____

Phone: _____

For office use only

1. Stop payment placed by: _____ Date: _____

2. Replacement authorized by: _____ Date: _____

3. Confirmation Attached: YES / NO

4. Check Reissued: _____ Date: _____