

MICHIGAN STATE UNIVERSITY

STUDENT ACCOUNTS LOST CHECK FORM

Date: _____

Our records show that Michigan State University issued the following student refund check:

Check Number: _____ Check Amount: _____

Check Date: _____ (Student) PID#: A _____

Payable to: _____

This check has not yet cleared through our bank. According to you, this check was either:

Lost

Destroyed

Stolen

Never Received

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 our 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."

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.*

DIRECT DEPOSIT (no fee)

Mailing Address (please print clearly)

MAIL CHECK (\$25 fee)

HOLD FOR PICK-UP (\$25 fee)

Email _____

Phone _____

For office use only

1. Stop payment placed by: _____ Date: _____

2. Replacement authorized by: _____ Date: _____

3. Check Reissued: _____ Date: _____

4. Confirmation Attached: (yes/no): _____



OFFICE OF THE CONTROLLER

Student Accounts

Hannah Administration Bldg
426 Auditorium Rd Rm 140
East Lansing, MI
48824-2602

517-355-5050
Toll Free: 800-775-4323
FAX: 517-353-9640
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