



**ASSOCIATED STUDENTS**  
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## CAMPUS ORGANIZATIONS STOP PAYMENT CHECK REQUEST

**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Check Date:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**Check Amt:** \_\_\_\_\_

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Stop Payment Fee will be charged to the Account: \$ \_\_\_\_\_ each.

**Account Officer (Print Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**A.S.G.S.C Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**A.S.G.S.C Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_