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 INFORMATION

PAYEE NAME	**SJSU ID #**	**CHECK AMOUNT**
		$

DRAWN BY (AGENCY)

SAN JOSE STATE UNIVERSITY

Circle one option: **MAIL** **PICK UP**

***Mail to**:*

Tel Number:

***Pick up**:* Tel Number: Email Address:

FOR OFFICE USE ONLY
Check Number:
Date of check:

CERTIFICATION:

I,_____,

address _____,
(Street) (City) (State) (ZIP Code)

certify or declare:

That the check described above was lost or destroyed on or about _____, 20____, under the following circumstances:

_____

_____

_____

_____

That declarant is the owner or custodian of the said check, has not cashed or transferred same, and it is entitled to possession thereof; or the corporation, partnership or governmental agency whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

Application is made to the *SAN JOSE STATE UNIVERSITY* to issue replacement check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State its officers and employees, from any loss resulting from the issuance of said replacement check. (This indemnity agreement is not applicable if the payee of the lost or destroyed check is any governmental agency or officer thereof.)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____, at _____, California
(Date) (City)

_____

(Signature of declarant)

Revised 06/27/14