

**STUDENT STOP PAYMENT REQUEST**

Student's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ @sph.cuny.edu

Telephone #: \_\_\_\_\_

Refund Amount: \$ \_\_\_\_\_ EMPL. ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please provide a copy of your student photo ID with this form when requesting your stop payment**

**Reason: (check appropriate)**

- Lost Check
- Check Stolen
- Student did not receive check in the mail
- Other – (explain) \_\_\_\_\_

**Payment Disbursement Option (check only one):**

- Direct Deposit
- Paper Check  (will not be reissued if the mailing address is not updated on CUNYfirst)
- Return Funds

**Stop payment request can be e-mail to [Bursar@sph.cuny.edu](mailto:Bursar@sph.cuny.edu) or by mail to:**

CUNY Graduate School of Public Health and Health Policy  
55 West 125<sup>th</sup> Street, 5<sup>th</sup> floor  
New York, NY 10027  
Attn: Office of the Bursar

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\*\*\*\*\*Bursar Office Use Only\*\*\*\*\*

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Voucher #: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Semester: \_\_\_\_\_ TFR / FAR \_\_\_\_\_