

Student Stop Payment Request Form

CUNY ID # (8-digits)

Date:

Student's Full Name:

Phone #:

Current Address:

City, State, Zip Code:

CUNY SPH E-mail:

Refund Details

Please provide us with a copy of your CUNY student ID or a valid state ID (scanned or as an image) along with this form.

Refund

Amount:

Reason for Request:

Payment Disbursement Option:

Signature:

Date:

The Stop Payment Request Form should be signed and emailed to the Bursar's Office at bursar@sph.cuny.edu along with any additional documentation. For further assistance, please contact us via e-mail or by phone at 646-364-9550.

This form can also be mailed or dropped off at our office address below:

CUNY School of Public Health & Health Policy
55 West 125th Street, 5th Floor
New York, NY 10027

Please note that if you opted to receive a check, your mailing address must be updated on CUNYfirst before submitting this form. Checks generally takes between 4-6 weeks to be re-issued. If you opted to receive your funds via [Direct Deposit](#), you must make any updates or be enrolled before the form is submitted.

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

Check #:

Check Date:

Term

Amount:

Voucher #

Refund Type: