CHECK REISSUE REQUEST FORM

Fax, E-mail or mail to: Brian P. Vanderoef, Business Office
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050

FAX# 860-832-2522 or E-Mail - vanderoefb@ccsu.edu

Name_____

Address_____

_____

_____

Student/Vendor ID#_____

Check Amount $_____ Issue Date:_____

_____ I certify that I have not received the check indicated above or have received the check and lost it. I request a stop payment order be placed on this check, and a new check be issued to me at the above address. I understand that should I receive/locate the original check, I will return it to the Business Office at CCSU. Please do not attempt to deposit original check, as you may be assessed a fee from your bank.

SIGNATURE_____ DATE_____

PRINT NAME_____