



## BYU AGENCY ACCOUNTS REQUEST FOR STOP PAYMENT

LOST OR MISSING CHECKS	
Club Account Name: _____	Club Account #: _____
Payee: _____	Check #: _____
Amount: _____	Signers on Check: _____
Reason for Request: _____	_____
_____	_____
Check Reissued: Yes: ___ No: ___ Date: _____	Check #: _____

APPROVALS	To be Completed by Adviser/Officers
<b>NOTE:</b> The payee is responsible to return the first check (if and when it becomes available) to Treasury Services, Agency Finance Coordinator, A-153 ASB, Provo, UT 84602.	
Signature: _____ Payee (if check is issued)	Date: _____
Approved: _____ Adviser/Officer	Date: _____
Approved: _____ Adviser/Officer	Date: _____

THIS SECTION TO BE COMPLETED BY TREASURY SERVICES
Date Stop Payment Placed: _____ By: _____