



STUDENT ACCOUNTS REQUEST TO VOID REFUND CHECK

Action Request **VOID - Do NOT Reissue in Accounts Payable**

Student Name: _____	Voucher ID: _____
BYU ID Number: _____	Ref/Check Nbr: _____
Amount: _____	Check Date: _____
Reason for request: _____	
Explanation: _____	

This section to be completed by Student:

NOTICE: The payee is responsible to return the first check, if and when it becomes available, to Student Financial Services, A-153 ASB, Provo, UT 84602. If both the original and the replacement checks are cashed, the University will place a hold on your account until reimbursement is made.

Signature: _____	Date: _____
Student/Payee	
Approved by: _____	Date: _____
Please Sign Name	

Please Print Name	
Reissue	Direct Deposit
Check By:	Address Verified
Mail Check	on Route Y: Y / N

This section to be completed by **Student Financial Services:**

Request Approval: (Please print full name)	Reversed in SF by: (Please print full name)	Reissue Check	
		Void Check Amt:	\$
DATE:	DATE:	Deductions:	
PHONE:	PHONE: 2-4259	Acct Bal:	\$
Reissue check in SF:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other:	
Issue Stop Payment order:	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Check not Cleared Confirmed by:		Net Amount:	\$
		Refund created in SF by:	