

## REQUEST FOR STOP PAYMENT FORM

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Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

NSU ID#: \_\_\_\_\_

Contact Phone/Ext: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Original Check: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How should the reissued check be delivered?

- Mail (please make sure address is updated above)
- Pick up check in Person from Payroll (picture ID required)

**PAYROLL IS LOCATED ON THE EAST CAMPUS:  
3100 SW 9<sup>TH</sup> AVENUE, FORT LAUDERDALE 33315**

I authorize the NSU Payroll Department to place a stop payment on the above check that I have not, nor will I, cash the check I am requesting the stop payment on.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Send completed form to the Payroll Department at payroll@nova.edu, fax (954) 262-3997, or call (954) 262-7887 with questions.