



Name: _____ WIN: _____

Regarding:

Check # _____ Date Issued: _____ Amount: _____

I, _____, do hereby state that I am the owner of the above-identified check. I further state and affirm that:

- I do not have this check – it was either not received, lost or destroyed. I am requesting a stop payment be placed on the above check and that the refund be reissued.

Reissue Preference (check one):

- I have set up electronic refunds within the Payment & Account Information App on my goWMU account and want the refund sent to this account.
- I would like a replacement check mailed to my current mailing address. I have ensured that my current address is correct within the Personal Information Section of the Academic Services for Students section of my goWMU account.
- I currently have an outstanding balance due on my WMU account and I am authorizing WMU to apply the above-uncashed check towards any eligible balance owed. I understand that if my refund check was created as a result of Federal Financial Aid, WMU can only apply that refund to any eligible charges that occurred within the same aid year.

(Signature)

(Date)