



STOP PAYMENT REQUEST FORM

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 the whereabouts of this check are not known to me. I further state that should the check in question come into my possession, I shall immediately make every reasonable effort to return it to the Bronco Express Service Team at Western Michigan University.

I also understand that a \$25.00 stop payment fee will be added to my account if I have not waited 15 business days from the date the original check was mailed. Western Michigan University will waive this fee if I have signed up for direct deposit.

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.

(Signature)

(Date)