Name:

I am requesting that a stop payment be placed on the refund check for $\_\_\_\_\_\_\_\_\_\_\_\_\_

dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that after I sign this form, a stop payment will be placed and if I find the refund check, I will not cash it after I sign this form. IUP will reissue the refund check after the original has been stopped and voided.

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Signature Date ID Number

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Signature Date ID Number