UNIVERSITY OF ALASKA FAIRBANKS
STOP PAY REQUEST

DATE OF REQUEST: _____

CHECK NUMBER: _____   CHECK ISSUE DATE: _____

AMT: $ _____   PAYEE: _____

Vendor ID : _____

REISSUE CHECK: Yes ☐ No ☐   ADDRESS CODE: _____
"If Yes, provide Address Code"

CONFIRM ADDRESS: _____

                          _____

        STUDENT/VENDOR PHONE: _____

REASON FOR STOP PAY FEE: _____

                              _____

CHARGE STUDENT/VENDOR THE STOP PAY FEE? Yes ☐ No ☐
"(If No, then provide account on next line.)"

ACCOUNT TO BE CHARGED FOR BANK STOP PAY FEE:

__ __ __ __ __ __ - __ __ __ __ __ __

PHONE: _____

DEPT: _____

REQUESTED BY:

_____
Print Name

_____
Signature

This form is to be used for Accounts Payable and Travel requests. For payroll requests, please contact your Payroll Tech.