Stop Payment Form

FAX, MAIL OR E-MAIL TO: businessoffice@cayuga-cc.edu

AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021 Tel: (315) 294-8450 Fax: (315) 283-9010

FULTON CAMPUS 11 River Glen Drive Fulton, NY 13069 Tel: (315) 593-9304 Fax: (315) 592-7735

Today’s Date __________-________-________  C# _______________

NAME (please print)

Last ___________________________ First ___________________________  M  

ADDRESS (check will be mailed to)

Number and Street ___________________________  Apt. # __________

City ___________________________  State _________  Zip Code __________

TYPE OF CHECK (Please Check ONE):  □ Student Refund  □ Payroll

Check Date: ____________  Check Number: __________________________  Check Amount: ____________

Reason for Stop Payment ____________________________________________________________

________________________________________________________  _______________________
SIGNATURE  DATE

FOR OFFICE USE:

Date Received ____________  Date Stopped ____________  Date to be re-issued ____________