SUNY OLD WESTBURY
OWN YOUR FUTURE

Request for Stop Payment/Replacement Check

1) This form will initiate a stop payment on the check(s) listed below.
2) If you find the check(s) please email payroll@oldwestbury.edu

DO NOT ATTEMPT TO CASH THE CHECK

PAYEE:

Last	**First**	**N NYS ID #**
Check #	**Check Date**	**Check Amount**
Department	**Dept Phone #**	**Home/Cell Phone #**

Campus email Address: _____

Replacement will take approximately 4-6 weeks.

☐ Lost check or check is damaged — Reissue with no changes. The original check will be stopped, and a new check will be issued.

☐Never received check — Address was correct. The original check will be stopped and a new check will be issued.

☐Never received check — Address was incorrect. Reissue with correct address (provide correct address below).

Street Address		
City	State	ZIP code

☐ **As stated by the State of New York, Department of Taxation and Finance:**
In consideration of the issuance of a replacement check as originally drawn, if I have not done so already, I agree to surrender the original check to the Commissioner of Taxation and Finance of the State of New York should the original check at any time hereafter comes into my possession or control, and I further agree to reimburse the State of New York for any loss or damage by any reason of the issuance of the replacement check for which applications is made herein.

**** Email completed forms to: payroll@oldwestbury.edu