UNIVERSITY OF MINNESOTA

Stop Payment Request Form

For Zero Balance Account Users

Account _____

Check series number/location _____

Check number or range _____

Check date _____

Payee _____

Reason for Stop Payment _____

Contact person _____

Email/Phone _____

I certify that I am a signer on the referenced account and authorize the stop payment of the check specified above.

_____

Signature Date

Return to the Office of Investments & Banking via email at oib@umn.edu or fax at 612.626.7271.