

Office of Financial Aid
94-20 Guy R. Brewer Blvd.
Academic Core Building 1M08
Jamaica, N.Y. 11451
Tel: 718-262-2230

Date: _____

To Whom It May Concern:

I, _____, _____, would like to place a stop
Student's Name (Please Print) *CUNYfirst ID #*
payment on my check for _____, dated _____, in the amount
Financial Aid Program
of \$ _____, for the Summer _____ Fall _____ Spring _____ semester.
Year Year Year

I am requesting a stop payment because _____.
Reason

I understand that by placing a stop payment on this check, I will be unable to cash it if I receive it in the mail afterwards. If I choose to cash it, I will be responsible for all penalties involved in doing so. I understand that this process will take approximately 4-6 business weeks from today's date.

Please select one:

I now have Direct Deposit.

or

I have updated my address on CUNYfirst.

Student's Signature

Date

F/A Counselor Signature

Date

FOR OFFICE USE ONLY

Stop Payment Date: _____

F/A Initials: _____