

Stop Payment / Check Trace Request Form

1. Name _____
2. Student ID: _____
3. Check Date or Semester of check that you are requesting: _____
4. Amount of Check: (US dollar) _____
5. Current / New Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number : _____ E-mail: _____

If you have recently moved, please provide your previous mailing address for a Stop and Recover of the original.

6. Previous / Old Address:
- Street: _____
- City: _____ State: _____ Zip: _____
- Phone Number : _____ E-mail: _____

7. What action are you requesting for this check? Reissue check Return funds to UMGC Copy of Check
8. Direct Deposit: Are you enrolled in direct deposit? Yes No

If yes, and a stop payment is required, would you like the funds re-issued by direct deposit? Yes No

Please note:

You must change your address on the student portal at myumuc.edu before your request can be processed.

If you receive the check in the mail, after you have sent this request to us, you may not cash it. If you cash or deposit the check, you will be liable for all cost incurred by your financial institution and UMGC.

By signing this I acknowledge that I have waited 30 days and have not received my refund check.

Signature

Date