

SALT LAKE 
COMMUNITY COLLEGE

4600 South Redwood Road / P.O. Box 30808 / Salt Lake City, Utah 84130-0808
Telephone (801) 957-4868 Fax (801) 957-4747

STOP PAYMENT REQUEST FORM

I agree not to cash the original check # _____ dated _____ in the amount of \$ _____. If I receive the original check, I will return it to the Cashier Services Office of Salt Lake Community College, which is located in room STC005 of the Student Center on the Redwood Road campus, as soon as possible.

I agree to pay Salt Lake Community College a \$25.00 penalty charge if I cash the original check. I further agree to reimburse the college the amount of the check and any fees or costs incurred by the college in the collection of the funds on the original check if cashed.

STUDENT SIGNATURE

DATE

STUDENT NAME (PRINT)

S#

STUDENT ADDRESS

STUDENT PHONE #

CITY STATE ZIP

CASHIER SIGNATURE