

STUDENT ACCOUNTS LOST CHECK FORM

Date:

According to you, the following check is lost or was not received. Please complete the form below entirely. Incomplete forms may not be processed.

Check Number:	Check Amount:
Check Date:	Student Number:
Payable to:	

"I authorize Michigan State University to stop payment on the above check and to issue a replacement check. I agree that if the original is recovered it is to be returned promptly to your office. I also authorize Michigan State University to apply the funds from the check to my account, if I have an outstanding balance with the University. I further agree that if both the original and replacement checks are cashed under circumstances resulting in overpayment to myself, I will promptly reimburse the University for the amount of overpayment or (if applicable) hereby authorize the University to deduct the amount of such overpayment from my next payroll check(s). I also understand that I will be charged a \$25 Check Replacement fee that will be waived if I sign up to have my refund direct deposited."



"If I am enrolled as a student, I hereby waive my right to additional notification prior to placement of a financial hold."

Signature:

Date:

OFFICE OF THE CONTROLLER

Student Accounts

Hannah Administration Bldg 426 Auditorium Rd Rm 140 East Lansing, MI 48824-2602

> 517-355-5050 Toll Free: 800-775-4323 FAX: 517-353-9640 Email: Student Accounts @ctlr.msu.edu

> > http://ctlr.msu.edu

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PLEASE NOTE: If you cash a check that you have requested to be stopped, your bank may charge you for the returned check.

The following options are available for your reissued refund. Refunds will be reissued based on the information you have provided in the student portal.

- Direct Deposit: (no fee) To enroll in direct deposit, please go to student.msu.edu.
- Mailed Check: (\$25 fee) Please check and update your address at student.msu.edu. Checks will be mailed to the first Active address listed in SIS in the following order: Housing > Current > Permanent. A check will not be mailed if you have enrolled in direct deposit.

su.eau	MS	U Email:	Phone:	
	Fo	r office use only		
	1.	Stop payment placed by:	Date:	
	2.	Replacement authorized by:	Date:	
	3.	Check Reissued:	Date:	
	4.	Confirmation Attached: (yes/no):		