

STOP PAYMENT / REISSUE REQUEST FORM

By completing this form, you are authorizing the University Of South Carolina to place a stop payment on a refund check that was issued to you. Stop payments will be processed after a mailed check has been outstanding for ten (10) business days. Forms may only be completed by the individual to whom the refund check was issued. Please allow 7 to 10 business days for the re-issue of your refund check and there may be a \$30.00 processing fee for all reissued checks. Reissued checks are posted to your student account and will pay any current and prior semester charges prior to being refunded. *It is the payee's responsibility to maintain valid direct deposit and mailing address information.* Once the form is completed, you may fax, scan and email, or hand deliver the Stop Payment/Reissue Request Form to the Bursar's Office. Forms that are not signed will not be processed.

PLEASE CO	OMPLETE AND SIG	JN FURM			
Payee Nan	ne:				
	Last		First		M.I.
USC ID#		USC Email			
*Please nr	ovide vour current	t mailing address for verification pur	noses The Bursar's Offi	ce cannot undate	address information
*Please provide your current mailing address for verification purposes. The Bursar's Office <u>cannot update</u> address information.					
	You n	nust update your mailing (address on Self-Se	ervice Carolin	ıa.
Mailing Ad	ldress:				
	Street Addre	SS			Apartment/Unit #
	City			State	ZIP Code
Phone:		Δltd	ernate Phone:		
REASON F	FOR REQUEST:				
	Check Date:	:	Check Amount		
You can find details of all refunds issued on SSC under "Account Information".					
Check not Received after 10 days Check lost or stolen Check Damaged/Completely Destroyed Check has Expired/Stale Dated					
REISSUE MY REFUND TO ME BY: Direct Deposit: Mail: Apply to Future term balance: Direct deposit is the preferred method of refunds and is the quickest and safest way to receive your refund. You can sign up for direct deposit (eRefund) through Self Service Carolina.					
Direct Deposit is not an option for <u>Parent Plus refund checks</u> if mailed to the parent.					
Payee Signature: Date:					
Scan and E	mail: ARREPORT	ice, University of South Carolina, 124	7-7953 4 Blossom St. Room 128,	Columbia, SC 292	208
FOR BURSAR'S OFFICE USE ONLY					
Check Date:		Check Amount:	Check Number:		
Fee Assessed:	:	Title IV:	Completed by:	Date:	

University of South Carolina Bursar's Office

Email: <u>bursar@mailbox.sc.edu</u> * Phone: 803-777-4233 * Fax: 803-777-7953