



# Stop Payment Request Form

CHAMBERLAIN UNIVERSITY

The Stop Payment Request Form is intended for credit balances delivered via paper check only. Funds that were sent to the Holder electronically via Direct Deposit cannot be stopped and will only be credited back to the Holder's account if the banking institution rejects the transaction. Stop payment requests will not be processed until 14 calendar days have passed from the date the check was originally issued.

## Agreement

The undersigned individual ("Holder"), having been advised by Chamberlain University ("Chamberlain") that check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ dated on or about \_\_\_\_\_, 20\_\_\_\_ (the "Original Check"), was sent to the attention of Holder, Holder hereby warrants and represents to Chamberlain that: (i) the Original Check has not been received by Holder or, to the best of Holder's knowledge, information and belief, any member of Holder's household; (ii) Holder did not endorse the Original Check; (iii) Holder did not sell, assign or transfer the right to payment of the check; (iv) Holder has received no funds for the Original Check; and, (v) Holder has not presented the Original Check for deposit or payment to any bank, currency exchange or other institution or other entity which regularly cashes checks.

Based on the representations and warranties of Holder, Chamberlain shall promptly review the student account and issue to Holder a replacement check. The replacement check shall be in the same amount as the Original Check, unless all or a portion of the funds are eligible to be reapplied to an existing account balance. In these cases the replacement check may be less than the Original Check or the holder may not be eligible for a replacement check. Holder understands and agrees that Chamberlain will place a "stop payment" order on the Original Check and that any attempt to cash the Original Check will be fraudulent. Holder agrees that should the Original Check come into the Holder's possession, Holder will mark it as void and return it to Chamberlain. In the event any representation or warranty of Holder proves false or should Holder attempt to cash or deposit the Original Check after the date of this Agreement, Chamberlain shall have the right to deduct the amount of the Original Check from any monies which may be owed to Holder, including any wages, refunds or otherwise. Chamberlain may take any legal action necessary to enforce its rights under this Agreement without prior notice or demand.

Date: \_\_\_\_\_

### "Holder" Information

Holder Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Student ID (D#) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address, \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Would holder prefer Direct Deposit:  Yes  No

If "Yes", students should update their Direct Deposit information on the Student Portal at [my.chamberlain.edu](http://my.chamberlain.edu).