



REFUND CHECK STOP PAYMENT AUTHORIZATION

Form faxed to: _____

Date: _____

FAX#: _____

(Please print all information below)

NAME: _____

SID#: _____

DATE: _____ College: _____ Grade Term: _____

DAY TELEPHONE: _____

As attested to by my signature, I hereby request and authorize the University of Tennessee to stop payment issued to me during registration for the reason stated:

Check# _____ Issue Date: _____ Amount: _____

Reason:

A new check will be reissued and sent to the following address, if you are interested in direct deposit see note below:

NOTE: We encourage you to sign up for direct deposit. Electronic refunds are usually disbursed at least seven (7) days prior to a paper check excluding mail processing time. Please refer to the Bursar's website: <http://www.uthsc.edu/finance/bursar/> for instructions on how to set up direct deposit.

Student's Signature _____ Date _____