

STOP PAYMENT ORDERS - AUTHORIZED SIGNERS

The following individuals may stop payment orders for:	approve Accounts	Payable	or Payroll
stop payment orders for:	(Campus)		
Name (printed):		Signature:	
An Associate Vice Chancellor, the above referenced authoriz			Stop Payment orders when
Date submitted to SW Cash M	lanagement:		
These signatures supercede a	any previous submi	issions.	
Authorized by:(Associate Vice Chancellor, D	virector, or equivalen	nt at campus)	
Title:			
Date:			