STOP PAYMENT ORDERS - AUTHORIZED SIGNERS

The following individuals may approve Accounts Payable or Payroll stop payment orders for: ________________ (Campus)

Name (printed): ___________________________ Signature: ___________________________

Name (printed): ___________________________ Signature: ___________________________

Name (printed): ___________________________ Signature: ___________________________

Name (printed): ___________________________ Signature: ___________________________

An Associate Vice Chancellor, Director, or equivalent may approve Stop Payment orders when the above referenced authorized signers are unavailable.

Date submitted to SW Cash Management: ________________________________

These signatures supersede any previous submissions.

Authorized by: ____________________________

(The Associate Vice Chancellor, Director, or equivalent at campus)

Title: __________________________

Date: __________________________