



TREASURY/CASH MANAGEMENT

email: ua-cash@alaska.edu

ACCOUNTS PAYABLE STOP PAYMENT REQUEST

Date of Request: _____

Check Number: _____ Date Issued: _____ Amount: _____

Payee: _____ UA ID#: _____

Reason for stop payment request: _____

Account to be charged for bank stop payment fee: _____

Authorized by: _____

(Auth signatures must be on file with T/CM -- wet signature required)

(printed name)

Campus/Department: _____ Reissue: _____

Requestor: _____ Phone: _____ E-mail: _____

Note: This form is intended to be used for submission to the bank as required.

TREASURY/CASH MANAGEMENT USE ONLY

Stop Date _____

Approved Date _____

Signature _____