



# Tulane University

## Stop Payment Form

Please complete form and submit to StopPayment@Tulane.edu

Requestor:

Click or tap here to enter text.

Phone:

Email Address:

Click or tap here to enter text. Click or tap here to enter text.

Vendor Name

Date Requested

Click or tap here to enter text. Click or tap to enter a date.

Invoice #

Check #

Check Amount \$

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Reissue: Y  N

Reason for Void/Cancel: \_\_\_\_\_

Handling: Pick up  Mail  Direct Deposit

Current/New Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Old Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_