



## Accounts Payable STOP PAYMENT REQUEST

Please email completed form to: [acctspay@gwu.edu](mailto:acctspay@gwu.edu)  
 Or mail to: GWU/Accounts Payable Services  
 45155 Research Place  
 Ashburn, VA 20147

<b>Payee Name</b>		
<b>Payee Current Address*(confirm updated in appropriate location prior to request-see below).</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<small>*Employees -update in GWEB as W4 address    Students - update in GWEB.    Suppliers update through iSupplier.</small>		
<b>Check date</b>	<b>Check number</b>	<b>Check amount</b>
<b>Re-issue check to the current address</b>		<b>Do not re-issue check</b>
<b>Provide explanation</b>		
<b>Special handling instructions</b>		

I hereby authorize The George Washington University to stop payment on the above-described uncashed check. I understand that a replacement check will only be prepared *AFTER* Accounts Payable Services receives confirmation that the original check has not been cashed and that the bank has issued a stop payment order. In the event the original check is located, please return to address above.

<b>Print Requestor Name</b>	
<b>Requestor Title (if other than Payee)</b>	
<b>Requestor Phone:</b>	<b>Requestor email:</b>

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE -----

Check was cashed       Date cashed: \_\_\_\_\_      Attachment Required   
 Printed name of person making stop payment: \_\_\_\_\_  
 Signature of person making stop payment: \_\_\_\_\_  
 Trace number of stop payment order: \_\_\_\_\_