



STOP PAYMENT/REPLACEMENT REQUEST

Please return completed form to Adelphi University, South Ave., Levermore 201, Garden City, NY 11530

DATE: _____

NAME: _____

ID NUMBER: _____

DAYTIME PHONE NUMBER: _____

CHECK INFORMATION: _____

I certify that I have not negotiated the check referenced above. I have not received the proceeds from the above check. I have no knowledge of the disposition of this check. Should I receive this check after submitting this request, I will immediately return it to Adelphi University.

In the event that this check was paid by a bank, I hereby request a copy in order to verify the endorsement and/or deposit information. I understand that if there is a question regarding this endorsement, I must address my concerns to and take appropriate action with:

TD Bank at 855 Franklin Avenue, Garden City, NY 11530, Tel (516) 739-2605

Payee's Signature

DISTRIBUTION OF CHECK (please choose one) Pick up. Call the phone number below

Mail to address listed below:

FOR OFFICE USE ONLY		
CHECK TYPE:	<input type="checkbox"/> ACCOUNTS PAYABLE	
	<input type="checkbox"/> PAYROLL	FILE # _____ &4Q _____ &4V _____ &4T _____
DATE _____	CHECK # _____	\$ _____ AMOUNT