

VOID CHECK REQUEST FORM

Student Organization Finance Office

Norris University Center

(847) 491-2328 ♦ sofo@northwestern.edu

_____ 2 0 _____ - _____ - _____
Organization Name Account Number

Instructions: Student organization officers should use this form to void a check issued from their account. To do so, you must present the original check; submit a request to have the check re-issued; or present written authorization from the payee to proceed with the void.

CHECK #: _____ CHECK DATE: _____ AMOUNT: _____

PAYEE NAME: _____ VOUCHER #: _____

REASON(S) FOR VOID (Please check all that apply):

The check was not cashed within 90 days of being issued.

The check was lost.

Please explain the circumstance under which check was lost: _____

The obligation has been paid by other means or canceled by the payee.

Please explain: _____

Other. Please explain: _____

Would you like the check reissued? Yes No

If No, please explain: _____

If you would like the re-issued check mailed please update the address below:

Considerations for voiding checks:

1. If the original check is not presented with this form, a Stop Payment fee* will be charged to the account that originated the check.
2. Voids due to SOFO error will be processed at no additional cost to the student group.
3. Voided checks must be re-issued if the payment obligation with the payee has not been met, canceled or forgiven.
 - An obligation is met when the check clears the bank.
 - An obligation is canceled when the original transaction is voided.
 - An obligation is forgiven when the payee no longer requires payment and notifies the student organization of this in writing—either by Northwestern University e-mail or by submission of a notarized letter of intention.

* The Stop Payment fee is currently \$30.00, but subject to change without notice.

Student Officer Name & Title (Please print.)

Signature

Date

-----For Office Use Only-----

Original check submitted Y / N

Applicable fees: \$ _____

Date Stamp:

Verified Check Status: Bank _____

Void Fee submitted Y / N

CMS _____

Voucher# _____

Attendant Signature