

Napa Valley College Student Refund Check Cancellation/Reissue Request

I _____ SSN: _____ request that the Business Office cancel my student refund check dated _____ for the reason listed below.

EXPLAIN REASON FOR THIS REQUEST (BE SPECIFIC AND PRINT CAREFULLY):

SIGNATURE and CERTIFICATION:

I understand that this check will be canceled as of the date I sign and submit this form to the Business Office. I understand that if this check has not already been cashed, it will be canceled by the issuing bank. I agree that should I receive this check after submitting this request, I will RETURN the check IMMEDIATELY to the Business Office, as it will no longer be honored for payment by the issuing bank.

Student Signature: _____ Date: _____

Print Name: _____

SSN: _____ I.D. # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

OFFICE USE ONLY: Processed on ___/___/___ by _____

Student Refund Ck# _____ Amount _____ Issue date _____

Business Office Notified on: ___/___/___ _____

STOP PMT on: ___/___/___

REISSUED on: ___/___/___

CASHED on: ___/___/___

Other action on: ___/___/___

Notes: _____
