CHECK INQUIRY REQUEST FORM

Purpose: **Date:**

This form should be used to place stop payments on a check at the bank (i.e., lost, stolen, duplicate, wrong vendor) and/or request a copy of a check (after requestor has confirmed the check has been cashed.)
Please note - this form has replaced the Check Inquiry Form and the Check Redeposit Form.

Check Information	Requester Information	
Type of Check:	Requested By:	
Check Date:	Phone Number:	
Check Amount:	Department:	
Check Payee:	Department Address:	
Check #:	Requested Action:	
HCOM Information:	HCOM Number:	
Stop & Reissue (Escheat or Non-Escheat)		
Reason:	Address 1:	
	Address 2:	
	City:	
	State:	Zip Code:
Stop & Reverse, Non-Escheat		
Reason:		
Stop & Reverse, Escheat		
Reason:	33 Digit Billing Code:	
For Check Copy Request		
Cleared Date:		
Email Address:		

How to submit completed form:

Once the above information is complete please click "Submit" button to email form to Cash Management.
In the Subject line of the email please enter only the check number referred to above. As an example if you were requesting stop & reverse for check # 9876543, the subject line of the email would read: 9876543

Cash Management Use Only					
Bank stop date:	Stop Confirmed:		YES	NO	Date:
Stop completed by:	CMO	Other:			
Escheat Reissue Approved:	CMO	Other:		Date:	
AP Use Only					
Cancel Date:			Reissue Date:		