



Tulane University

Stop Payment Form

Please complete form and submit to StopPayment@Tulane.edu

Requestor:

Click or tap here to enter text.

Phone:

Email Address:

Click or tap here to enter text. Click or tap here to enter text.

Vendor Name

Date Requested

Click or tap here to enter text. Click or tap to enter a date.

Invoice #

Check #

Check Amount \$

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Reissue: Y N

Reason for Void/Cancel: _____

Handling: Pick up Mail Direct Deposit

Current/New Address

Street: _____

City: _____ State: _____ Zip: _____

Previous/Old Address

Street: _____

City: _____ State: _____ Zip: _____