

## Stop Payment Request

To: LSU Health Sciences Center

Payroll

433 Bolivar Street

New Orleans, LA 70112-2223

Please stop payment on Check No.       dated      , in the amount of       payable to      .

The reason for canceling this check is      .

In the event I receive this check, it will not be cashed and will be returned to Louisiana State University Health Sciences Center, Accounting Services, at the above address.

Please mail the check to the following address when it is reissued:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Name of Individual |  | Signature |  |
|  |  |  | |
| Street Address |  | Title |  |
|  | | | |
| City, State, Zip Code |  |  |  |