



/ EXPIRED REFUND CHECK FORM

STUDENT INFORMATION

Southeast ID #: SO Student Name: _____
 Street Address: _____
 City, State: _____ Zip Code: _____
 Email Address: _____ Phone Number: _____

REFUND WILL BE: (Check one)

Applied to student account Sent as a new refund check Returned to loan servicer

REFUND CHECK INFORMATION

Check Number: _____ Amount Issued: _____ Check Issue Date: _____
 I have attached the expired check. The check was lost. The check was stolen.

Upon receipt of the completed form and determination that the check has not yet cleared the University's bank account, SFS will begin processing your request.

"I authorize Southeast MO State University to stop payment on the above check and to issue a replacement check. Any outstanding charges due the University will be deducted from the replacement check (replacement check charges may apply). **I agree that if the original is recovered it is to be returned promptly to Student Financial Services.** I further agree that if both the original and replacement checks are cashed under circumstances resulting in overpayment to myself, I must promptly reimburse the University for the amount of overpayment or (if applicable) hereby authorize the University to deduct the amount of such overpayment from my next payroll check(s). If I do not reimburse the University within 5 business days of overpayment, I understand that the amount of overpayment will be billed to my University Account and that my unpaid account may be turned over to an outside agency. I understand I will be responsible for any collection and /or litigation costs incurred in the collection of any amount due up to 40% of the account balance."

SIGNATURE

I certify (or declare) under the penalty of perjury under the laws of the State of Missouri that the foregoing is true and correct.

_____ Date _____
 Student Signature

FOR OFFICE USE ONLY:

1. Stop Payment/Void placed by: _____ Date: _____
 2. Replacement authorized by (if applicable): _____ Date: _____
 3. Confirmation attached: YES / NO
 4. Circle one: Applied to Account / Check Reissued / Returned to Loan Servicer Date: _____
- 240 Deadline:** _____