



PAYMENT CANCELLATION REQUEST FORM

To submit this form, click here --->>> [ONLINE SUBMISSION TOOL](#)

Important Information - *Please read*

Payment cancellation requests are made when there is a need to have a payment *cancelled permanently*, or *cancelled and reissued*. Payments are defined as checks, direct deposits, virtual credit cards, and wire transfers.

Complete each section of the form prior to submission. Incomplete forms may be delayed, or returned to the requestor for additional information.

You will receive an email after submitting the form. The email will include information about next steps and also the Form Number. This number identifies your request in our system. If your request requires payment, you will need to enter this number where the payment form requests a Form Number.

Requests are generally processed once per week on Wednesdays. All forms received and paid, by Tuesday, will be processed.

You will receive an email to the email address entered into the online submission tool, once the request has been processed.

FOR STUDENTS & EMPLOYEES ONLY - If a check was sent to the wrong address, please use Banner Self Service to update the mailing address.

Payee Information - *Intended receiver of the payment*

Payee Name _____

Payee ID (A Number) _____

If payment is for a Parent Plus Loan, and the payment was issued to the parent, enter the student's A Number.

Email _____

Phone Number _____



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Payment Information - Data that helps us identify the payment

What best describes the payment that needs to be cancelled? Select one of the six payment types below. Enter as much of the requested information as possible.

#1 - Vendor Payment (payment in exchange for goods and/or services)

Payment Date _____ Payment Amt _____ Payment No. _____

Tax ID Number (no dashes) _____

Vendor ID Number (if known) _____

Vendor Invoice Number(s) _____

Purchase Order Number

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#2 - Student Refund (also includes COVID-19/CARES Act related payments)

Payment Date _____ Payment Amt _____ Payment No. _____

Term _____ Disburse Type _____

Year _____ (YYYY) Parent Plus Loan? Yes No

#3 - Any reimbursement or travel advance

Payment Date _____ Payment Amt _____ Payment No. _____

If travel related, provide encumbrance number

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How was this payment disbursed? Check Direct Deposit



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Payment Information - *Data that helps us identify the payment*

If not chosen on previous page, select a payment type below and provide as much of the requested information as possible.

#4 - Stipend (stipends are not processed by the Payroll office)

Payment Date _____ Payment Amt _____ Payment No. _____

Supervisor Name _____

Department Name _____

Purchase Order Number

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(purchase order information can be gathered from the requesting department)

#5 - Payroll (includes ALL payroll types)

Payment Date _____ Payment Amt _____ Payment No. _____

Payroll Type _____

#6 - Other (please describe) _____

Payment Date _____ Payment Amt _____ Payment No. _____



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Reason for Request

Select the option below that best describes the reason for the request.

- Lost Check
- Stolen
- Stale Date
- Other (provide details) _____

Requestor Signature - *Applicable to individual submitting this form*

I certify the following:

- To my knowledge, all information on this form is accurate and that I have the legal authority to make such a request.
- I have read and understand the information included on this form.
- I understand there is a \$20 cancellation fee assessed on all payment types (excluding vendor payments) and an up to 12 business day processing window.
- I understand the processing window includes time for receiving/processing the cancellation fee, payment cancellation, and payment reissuance, if applicable.
- I understand that requests will be processed once funds are received and that payments can be made online at <https://payit.nelnet.net/form/TRs8BAv1>

Requestor relationship to payee _____

Requestor Name _____

Requestor Signature

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