

METROPOLITAN COMMUNITY COLLEGE
Blue River Business & Technology Longview Maple Woods Penn Valley
3200 BROADWAY • KANSAS CITY MO • 64111

**Financial Aid/Refund Check
STOP PAYMENT
REQUEST FORM**

Check # _____ Term/Year _____

Student ID # _____

Name _____

Current Address _____

Phone # _____

I did not receive my **Financial Aid/ Refund** check for \$_____.

I am requesting that Metropolitan Community College cancel and re-issue the Financial Aid or Refund check listed above.

*****Please ask us about signing up for Direct Deposit—you will get your refund faster!*****

I understand that if I receive the above check in the mail after completing this form, I must contact a campus Business/Student Services office to determine if a stop payment has already been placed before attempting to cash it.

I further understand that the replacement check will be mailed to my current HOME address on file with MCC. If necessary, I agree to check with my post office to ensure the delivery of the replacement check.

Note: Checks lost in the mail will not be re-issued earlier than 2 weeks from the date of mailing.

Student Signature

Date

Cashier Name: _____ **Campus:** _____