



Stop Payment Request Form

AGREEMENT

The undersigned individual (“Holder”), having been advised by DeVry Inc. (“DeVry”) that check #_____ in the amount of \$_____ dated on or about _____, 20__ (the “Original Check”), was sent to the attention of Holder, Holder hereby warrants and represents to DeVry that: (i) the Original Check has not been received by Holder or, to the best of Holder’s knowledge, information and belief, any member of Holder’s household; (ii) Holder did not endorse the Original Check; (iii) Holder did not sell, assign or transfer the right to payment of the check; (iv) Holder has received no funds for the Original Check; and, (v) Holder has not presented the Original Check for deposit or payment to any bank, currency exchange or other institution or other entity which regularly cashes checks.

Based on the representations and warranties of Holder, DeVry shall promptly issue to Holder a replacement check in the same amount as the Original Check. Holder understands and agrees that DeVry will place a “stop payment” order on the Original Check and that any attempt to cash the Original Check will be fraudulent. Holder agrees that should the Original Check come into the Holder’s possession, Holder will mark it as void and return it to DeVry.

In the event any representation or warranty of Holder prove false or should Holder attempt to cash or deposit the Original Check after the date of this Agreement, DeVry shall have the right to deduct the amount of the Original Check from any monies which may be owed to Holder, including any wages, refunds or otherwise. DeVry may take any legal action necessary to enforce its rights under this Agreement without prior notice or demand.

Dated this _____ day of _____, 20_____.

“Holder”

Signature

DeVry Inc.

Authorized Signature

Printed Name

Title

DSI#

New Address

Email address

Direct Deposit: Yes/No (if yes, please, fill out the ACH authorization form)