

AFFIDAVIT

I hereby certify the payroll check that was dated _____ has (check one):

- _____ A. been lost
- _____ B. been misplaced
- _____ C. not been received in the mail
- _____ D. mutilated
- _____ E. stolen

To the best of my knowledge, I have not cashed, deposited, or otherwise made use of this check. Therefore, I request a stop payment be placed on the original check and a replacement check be issued.

I agree if the original check comes into my possession, I will return it at once to Northwestern State University – Business Affairs office.

I understand if the original check has cleared Northwestern State University’s bank account, a stop payment order cannot be issued, and a replacement check will not be forth coming. I further understand Northwestern State University cannot be held liable for these funds.

* I would prefer distribution of the replacement check be done in the following manner (**check one**):

_____ The University will telephone me to come pick up the check when it is ready. I agree to provide a generally accepted, legal form of picture identification (when requested) in order to receive the check.

_____ The University will mail the replacement check to a verifiable address. The check will be sent via standard United States mail service.

Signature

Date

Address

Phone #

City, State, Zip

SSN or CWID

I understand no action will be taken by the University to issue a stop payment order and write a replacement check for a minimum period of TEN (10) days after the pay date. This rule applies when the check has been lost, misplaced, not received in the mail, or mutilated.