



AFFIDAVIT TO REQUEST REPLACEMENT OF A LOST, STOLEN OR UNDELIVERED CHECK

Accounts Payable
One University Plaza MS 3250
Cape Girardeau, MO 63701
(573) 651-2055
(573) 986-6412 fax

Date: _____

Payee: _____

Southeast ID: _____

Our records indicate that on _____ a Southeast MO State University Check Number _____ in the amount of \$ _____ was issued to you.

This check has not yet cleared through our bank.

BY SIGNING BELOW, THE AFFIANT IS MAKING THE FOLLOWING DECLARATIONS:

The above check has been (Check one)

- Destroyed (I received the check, but it has been damaged by fire, water, or mutilation) Note: remains must be returned to Accounts Payable if available.
- Lost (I received the check but it has been misplaced)
- Stolen (I received the check, have not presented the check for payment, yet it is no longer in my possession)
- Undelivered (I have not received the check)

Please complete the section below and return this notice to our office immediately. Upon receipt of the completed form, we will begin processing your request.

- I authorize Southeast MO State University to stop payment on the above check and to issue a replacement check.
- If I receive or find the above check after signing this document, I will return the original check promptly to Accounts Payable.
- I have not received any benefit or value from the proceeds of the above check.
- I understand that if an overpayment occurs as a result of processing this affidavit, I am responsible for returning the overpayment to the Southeast MO State University Accounts Payable department 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 (if applicable) billed to my University Account and/or turned over to an outside agency. I understand I will be responsible for any collection costs and legal fees, if any, to collect the paid amount belonging to the University if the above check clears the University's bank account prior to and including the date that this affidavit is received in Accounts Payable.

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

Affiant's Signature

Date

Phone

Mail The
Replacement
Check To
(Please Print Clearly)

| | |
|---|-------|
| { | _____ |
| | _____ |
| | _____ |

For Office use only

Stop payment/void placed by: _____ Date: _____

Replacement authorized by: _____ Date: _____