

REQUEST FOR REPLACEMENT CHECK

CHECK NUMBER _____ AMOUNT _____

NAME OF PAYEE _____

DATE OF CHECK _____

Please provide a brief description of how the check was lost or destroyed.

I request a replacement check for the above listed check. I understand that if I find the original check that I must return it to the issuing office. If I cash or deposit the original check, I am liable for the face value and any charges incurred.

I certify that the original check was/was not lost through my own negligence.

Signature of Requestor

Date of Request _____

REPLACEMENT ISSUED

CHECK NUMBER _____
DATE _____
AMOUNT _____

REPLACEMENT CHECK RECEIVED/MAILED BY: _____