



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

NOTICE

Replacement checks may take up to 72 hours (or 3 business days) to process upon receipt of this form in Accounts Payable. This affidavit must be notarized if the form cannot be signed in person.

CHECK NUMBER _____

DATED _____

PAYEE _____

AMOUNT _____

MAIL THE REPLACEMENT CHECK TO

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)
- I have not received any benefit or value from the proceeds of the above check.
- If I receive or find the above check after signing this document, I will return the original check to Accounts Payable.
- I understand that if an overpayment occurs as a result of processing this affidavit, I am responsible for returning the overpayment to the University of Utah Accounts Payable department.
- I or the University department that I represent (if signed on behalf of the payee by a representative of a University department) agree to pay 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.

Affiant's Signature

Date

University department, if applicable

Affiant's EmplID, uNID, or TIN

Signature of Witness

Affiant's Phone Number