

THE UNIVERSITY OF MICHIGAN CHECK AFFIDAVIT APPLICATION
TO OBTAIN THE ISSUANCE OF A SUBSTITUTE CHECK OR CHECKS

NAME: _____ UNIVERSITY ID # _____

For check owner- Print first name, middle initial and last name.

Whose address is: _____

PHONE NO: Home: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip)
Work _____

Represents to The University of Michigan that he/she is the owner of the check (or checks) described, that he/she has requested payment of the said check (or checks) be stopped, and does hereby make application for a substitute (or substitutes) for such check (or checks).

NAME OF PAYEE (Your Name) _____ CHECK _____ CHECK NO. _____ CHECK _____
AMOUNT _____ DATE _____

Drawn on The University of Michigan by _____ ROBERT HEWLETT

That said check (or checks) _____ received by payee or by someone on his/her behalf.
(insert "was" or "was not")

If the check (or checks) was received, the payee should state below all information known by him/her regarding the loss, theft, mutilation, defacement, or destruction of the check (or checks).

That the check (or checks) _____ endorsed. If endorsed, state exact manner of all endorsements appearing thereon.
(insert "was" or "was not")

That except as stated above, the whereabouts of the check (or checks) is unknown to him/her.

And he/she hereby agrees that should the original of any substitute check(s) issued hereunder come into his/her possession or control, at any time, he/she will not cash both the original check(s) on which a stop payment has been placed, and will surrender the original check(s) immediately to The University of Michigan.

If, due to any reason, the original check and the substitute (reissued) check are cashed, I hereby agree to repay The University, providing the original check and substitute (reissued) check endorser signature is mine; or The Regents may recover the overpayment by payroll deductions from one or more salary payments received subsequent to the above paydate. I further consent to each deduction.

Signed: _____ Date: _____ 20 _____

Sign in longhand exactly as shown on first line.

Please allow three (3) business days to process reissue request.

REISSUED CHECK WILL BE MAILED TO ABOVE ADDRESS

**MAIL FORM TO: The University of Michigan Payroll Office
1000 Victors Way
Ann Arbor, MI 48108
FAX (734) 647-3983**

For Payroll Office Use Only

CHECK DATE OVER 180 DAYS OLD – EMPLOYEE RETURNED

OR

CHECK DATE OVER 180 DAYS OLD – UNCLAIMED CHECK