



# Lost Payroll Check Affidavit

This certifies that I have lost the following payroll check. I understand that if I find this check I need to return it to the Payroll Department at AQU 221. A stop payment will be placed on the original check and if I cash the original check I am liable to repay the amount of the check to the University of St. Thomas. I am also liable to cover any bank charges that result in my trying to cash the original check.

Original Check Number: \_\_\_\_\_ Dated: \_\_/\_\_/\_\_ Amount: \$\_\_\_\_\_

Reason for Stop Payment Request: \_\_\_\_\_

Issued To (Print Full Name): \_\_\_\_\_

UST ID Number or SSN: \_\_\_-\_\_\_-\_\_\_\_\_ Daytime Phone: \_\_\_-\_\_\_-\_\_\_\_\_

Send Replacement Check to this address or indicate if you prefer to pick the check up in the Payroll Department: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Department's Use Only**

Replacement Check Number: \_\_\_\_\_ Dated: \_\_/\_\_/\_\_ Sent: \_\_/\_\_/\_\_

Verified by: Business Office: \_\_\_\_\_ Payroll Department: \_\_\_\_\_