



**MEDAILLE COLLEGE  
18 AGASSIZ CIRCLE  
BUFFALO, NY 14214**

## Lost/Stolen Check Affidavit

State of: New York

Last four digits of employee SSN \_\_\_\_\_

County of: Erie

Banner ID Number\_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says: I hereby acknowledge receipt of payroll check number \_\_\_\_\_ dated \_\_\_\_/\_\_\_\_/\_\_\_\_, in the amount of \_\_\_\_\_ payable to the order of the undersigned.

I further acknowledge and affirm that the said check has been \_\_\_\_\_ (lost, stolen destroyed, etc.) and has never been cashed or otherwise negotiated in anyway by the undersigned or by an agent on my behalf.

I acknowledge that, in reliance upon my representations herein, I will be issued a replacement check in the place and stead of the above-described check and I agree to return the above-described check if it should ultimately be found or discovered.

I further acknowledge that I may be subject to civil and criminal penalties (including criminal prosecution for fraud and perjury) if it is ultimately discovered that I have cashed or otherwise negotiated (or allowed to be negotiated) the above-described check.

Employee Signature

Date

Employee Address

**For Payroll Department Use Only:**

Date Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check Number:\_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By:\_\_\_\_\_