Date		

AUBURN UNIVERSITY STATEMENT OF PAYEE REQUESTING DUPLICATE CHECK

	I certify that Auburn University check number	dated			
	which was made payable to me in the <i>amount of</i> \$ circumstances explained below:				
	I understand that the original check will be voided by issuance of a duplicate, and in the event that it should be found later, I will mail it directly to Human Resources, 1550 East Glenn Ave., Auburn, AL 36849. I further certify that if both checks are cashed, I will repay Auburn University the amount equal to the original check. If still employed, I authorize reimbursement by payroll deduction. Instructions for release of duplicate: Check choice: mail call when ready. I also understand that this request may take 2-3 weeks to process.				
					Name of Payee (please print)
	Address of Payee	Banner ID			
	City State Zip	Phone Number			
		PLEASE DO NOT WRITE BELOW THIS LINE			
	DUPLICATE CHECK REQUEST				
	Please stop payment on payroll check numbered:				
	Dated:	·			
	Payable to:	, 			
	in the NET amount of:	, 			
	and issue duplicate.				
		Front Desk/Financial Assistant Payroll & Employee Benefits Date:			
II	STOP PAYMENT INFORMATION				
	PAYMENT STOPPED:	Γ			
	Duplicate Check #:	Check Verified By:			
	Duplicate Ck Date: By:				
	CHECK RELEASE INFORMATION				
	Duplicate check received & released to employee	per instructions above			
	Doto: Dru				