

Date _____

AUBURN UNIVERSITY
STATEMENT OF PAYEE REQUESTING DUPLICATE CHECK

- I. I certify that Auburn University **check number** _____ **dated** _____
which was made payable to me in the **amount of \$** _____ has been lost or stolen under
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 the Director, Payroll & Employee Benefits, 212 Ingram Hall, Auburn University, 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**)

Signature of Payee

Address of Payee

Social Security Number

City

State

Zip

Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE

II 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: _____

III STOP PAYMENT INFORMATION

PAYMENT STOPPED: _____

Duplicate Check #: _____

Duplicate Ck Date: _____ By: _____

Check Verified By:

IV CHECK RELEASE INFORMATION

Duplicate check received & released to employee per instructions above

Date: _____ By: _____