

Payee Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Original Check Information

Check Number: _____ Check Date: _____ Amount: _____
Payment was for: Materials Services Deposits Student Refunds
Reason for Check Replacement: Never Received Lost Stolen Destroyed Other: _____
Replacement Check to be: Mailed Picked Up

Photo ID MUST be provided.

Students will be charged a \$15 stop payment fee to their student account. This fee will be waived if the student signs up for direct deposit within 7 days of the submittal date of this form.

As referenced above, I state that I am the lawful (payee) (owner) (legal representative) of the Oregon State University issued check referenced above, and I further state that the check has not been paid due to the above indicated reason for check replacement.

I furnish this statement in compliance with ORS 293.475, to obtain from the Disbursing Officer of Oregon State University, a duplicate check for the same amount as that of the original.

(I) (We) understand that if the original check is found, it must be returned immediately to:

**Oregon State University
Business Affairs Office
P.O. Box 1086
Corvallis, OR 97339-1086**

Signature of Payee, Owner, or Legal Representative

OSU ID Number (Students/Employees)

Title (if legal representative)

Date

Oregon State University Business Center Use Only

Name: _____ Phone: _____ IDoc#: _____
Business Center: _____ Date: _____

Oregon State University Business Affairs Use Only

Account Reviewed By: _____ Date: _____
Replacement Authorized By: _____ Date: _____
Stop Payment Placed By: _____ Date: _____
Replacement Check Number: _____

Cashiers:

VDTR: _____ FAACHKS: _____ Term: _____ BMRF BMR1 REPC