

**Payee Information**

Photo ID MUST be provided.

Name: \_\_\_\_\_  
Mailing 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  Destroy  Other: \_\_\_\_\_

Replacement Check to be:

**Students are encouraged to sign up for direct deposit at My.OregonState.edu. Direct deposit is the safest and most efficient way to receive payment/funds.**

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  
Treasury, Cashiers 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 Cashiers Use Only**

Account Reviewed By: \_\_\_\_\_

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

Replacement Authorized By: \_\_\_\_\_

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

Stop Payment Placed By: \_\_\_\_\_

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

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

 BMRF  BMR1  REPC**Cashiers:**

VDTR: \_\_\_\_\_ FAACHKS: \_\_\_\_\_ Term: \_\_\_\_\_ Verified by: \_\_\_\_\_