



REPLACEMENT CHECK REQUEST FORM

Payee information:

Name:

Current Mailing Address:

Vendor ID / DL/STUDENT ID:

Contact email:

Contact Number:

Check amount:

Check No (if known):

Check Date:

Reason for the Request:

Never Received

Lost/destroyed

Check expired (over 180 days)

Incorrect Name

Other:

Method of Disbursement for Replacement Check:

Mail to address

Hold for Pick Up at Cashier's Office

N/A – no check replacement

Certification: I certify or declare that I am the owner of said check, a legal representative, or officer of the government agency who acts on behalf for the owner, has not cashed or transferred same, and is entitled to possession thereof. I hereby agree to indemnify and hold harmless the University against any and all liability, loss, cost, damages, attorney's fees and other expenses which the University may sustain or incur as a consequence of honoring this stop payment/check replacement request. I understand that this stop payment request cannot be upheld if the check listed on this request has already been paid, and it will take up to **15 business days** to process the fully completed and signed request. I further agree to return the original check to the University promptly and not attempt to negotiate said check if I ever receive or locate said aforementioned check.

Signature:

Date:

Accounting Use Only:

Re-issue Date:

Check Number:

Amount:

Comments:

HOW TO SUBMIT YOUR FORM: You may submit your completed request form to the Financial Services Department:

Mail to: Financial Services, 200 Maritime Academy Drive Vallejo CA 94590

Email: CMA-AP@csum.edu/cashier@csum.edu