

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

Students will be charged a \$10 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

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

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

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

Cashiers:

VDTR: \_\_\_\_\_ FAACHKS: \_\_\_\_\_