

University of Utah Payroll Department

Stop Payment - Replacement Form

Affidavit to request replacement of a lost, stolen, or damaged, payroll check.

There will be a \$12.00 fee to replace any check. Personal check or money order only will be accepted for this fee. NO CASH WILL BE ACCEPTED FOR PAYMENT OF FEE.

The fee must accompany the request for reissue. Please note that it takes 5 to 7 days to process this request.

Current Date: _____

Name appearing on check: _____

Employee ID#: _____ Department: _____

Home Phone Number: _____ Cell/Work Phone: _____

Pay Date of check being replaced: _____

Net Check Amount: _____ Check Number: _____

Check was:

_____ Lost _____ Stolen _____ Damaged _____

****University employees must have direct deposit set up for reissue of check****

If you are a terminated University employee, please provide correct mailing address

Affiant states that:

1. Said check has not been endorsed or negotiated to a third party.
2. This affidavit is given to induce a replacement check for one originally issued.
3. I agree to indemnify and hold the University of Utah harmless from any claim or liability on the original check.

Employee Signature

Date

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