



THE UNIVERSITY OF CHICAGO
FINANCIAL SERVICES
6054 S. DREXEL, SUITE 300
CHICAGO, IL 60637-2612
Cash-management@uchicago.edu

Ref: Affidavit and Application for Replacement Check

_____, deposes and says:

(First name) (M.I.) (Last Name)

1) That he/she/they resides at _____
(No. and Street of Home Address)

_____, _____, _____, _____
(Town or City) (State) (Zip Code) (Country)

2) That he/she/they is advised, and believes, that **The University of Chicago Check No.** _____, dated _____, in the amount of \$ _____ was issued payable to the order of _____, and that, having requested that payment of this check be stopped, he/she/they does hereby make application for a duplicate check to replace said check which has been lost, stolen, or destroyed as more fully described in Section 4 of this affidavit.

3) That the payee designated above, in Section 2, is the owner of – and entitled to full and exclusive possession of the above-described check, and acquired title thereto by reason of _____

(Briefly state why the check was issued to the payee in the first place)
4) That _____

(State how the check was lost, stolen, damaged, destroyed, or not received)

5) That, except as stated herein, the whereabouts of said check is unknown to deponent.

6) That, in consideration of the issuance of a duplicate check payable to the order of _____, and the payment thereof, the deponent agrees to immediately surrender the original check to The University of Chicago if and when the original check subsequently comes into the possession or control of the deponent, and the deponent further agrees to reimburse The University of Chicago for any loss or damage by reason of the issuance of the duplicate check for which application is made herein.

7) Contact Information: _____ and _____
(E-mail) (Phone Number)

(Signature of Deponent)