

Note: A notary must witness the payee's signature. A \$25.00 Stop Payment Fee will be deducted from the reissue check. Please send the original form with the payee's signature and Notary's signature to the Payroll Department at the address below.

Statement of Lost or Destroyed Payroll Check

Return Address:
Western Michigan University Payroll Office
1903 W. Michigan Avenue
4000 Seibert Administration Bldg.
Kalamazoo, MI 49008-5250

Payee: _____ Empl ID# _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Check # _____

Check Date: _____ Net Pay: _____

I _____ do hereby state that I am the owner of the above identified payroll check. I further state and affirm that the whereabouts of this payroll check is not known to me. I further state that should the check in question come into my possession, I will immediately make every reasonable effort to return it to the Payroll Department at Western Michigan University.

Payee Signature: _____ Date: _____

Notary Affidavit

Subscribed and sworn before me on this _____ day of _____ year _____

Notary Signature: _____ Commission expires: _____

Notary Public in and for the County of _____, _____

DO NOT FILL OUT BELOW LINE – OFFICE USE ONLY

Date transmitted: _____ Date confirmed: _____

Reissue Date: _____ Reissue Check #: _____