

DECLARATION OF LOST OR DESTROYED CHAPMAN UNIVERSITY CHECK

☐ PAYROLL CHECK ☐ NON-PAYROLL CHECK

I, _____, declare as follows:

1. I have been informed that a check drawn by Chapman University against its account maintained with Wells Fargo Bank, Check No. _____, dated _____ in the amount of \$_____ was issued to: _____ as payee.
2. I am the legal owner or entitled to possession of said check and said check has been (destroyed) (lost) and the facts of such (destruction) (loss) insofar as known to me are as follows:

3. The payee of said check has not negotiated, deposited or cashed it, except as follows:

4. I agree that, if a new check is issued to me in lieu of the above listed lost/destroyed check, and if above check hereafter is placed in my possession, I will not negotiate, deposit or cash said check, but forthwith will deliver the same for cancellation to Chapman University, Attn: Office of Financial Services, One University Drive, Orange, California, 92866.
5. I further agree that for and in consideration of the re-issuance to me of a check in lieu of the check originally issued and subsequently lost or destroyed, I will indemnify and hold harmless Chapman University against loss, damage, expense or any other liability which may be suffered by Chapman University, either directly or indirectly, by reason of the issuance of said duplicate check or by the original instrument still remaining outstanding.
6. Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that Chapman University issue a new check to me in lieu of check listed above, which was lost or destroyed.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (date) _____ At (place) _____

Declarant Signature _____

Contact Information - Address _____

Phone _____ Email _____

Please return this signed form to Chapman University; via Mail: Attn: Office of Financial Services, One University Drive, Orange, CA 92866; via E-Mail: accountspayable@chapman.edu; via Fax: (714) 532-6063

For Financial Services Use Only:

- ☐ Stop Payment – No Reissue
- ☐ Stop Payment – Reissue (Please designate where check should be sent below)
- ☐ Hold for pickup: call _____ when ready
- ☐ Mail to Campus address: _____
- ☐ Mail to this address: _____
- ☐ Other instructions: _____

Stop Payment Confirmation # _____ By _____ Date _____

Check Voided by _____ Date _____