CHECK REPLACEMENT REQUEST FORM

TO: UNIVERSITY OF MIAMI
PAYROLL OFFICE
P.O. BOX 248106
CORAL GABLES, FL 33124-2976
PHONE: (305) 284-3004

FAX TO: 305-284-5395
E Mail: etk.payroll@miami.edu

THE FOLLOWING INFORMATION MUST BE COMPLETED OR WE CAN NOT PROCESS THIS FORM

EMPLOYEE’S NAME ______________________________________________________________

UM ID# or SSN (XXX-XX-1234) ___________________ -- ____________ -- ____________

DATE OF CHECK _______________ / _______________ / _______________

CHECK NUMBER (IF KNOWN) ______________________________________________

Approx. AMOUNT (IF KNOWN) $______________________________

BEING DULY SWORN ACCORDING TO LAW BY THE UNDERSIGNED NOTARY PUBLIC, I CERTIFY THAT I HAVE NOT CASHED OR DEPOSITED SAID CHECK NOR THAT I HAVE BENEFITED IN ANY WAY THEREFROM.

I REQUEST REPLACEMENT OF THE ABOVE CHECK BECAUSE:
________________________________________________________________________________

SAID CHECK WAS ENDORSED IN THE FOLLOWING MANNER:
________________________________________________________________________________

*STOP PAYMENT IS DONE IMMEDIATELY ONCE THIS REQUEST HAS BEEN RECEIVED IN THE PAYROLL OFFICE, SHOULD SAID CHECK COME INTO MY POSSESSION, I WILL NOTIFY THE PAYROLL OFFICE IMMEDIATELY.

________________________________
EMPLOYEE’S SIGNATURE

This form will not processed without proper picture ID

________________________________
DAYTIME PHONE NUMBER

SEND REPLACEMENT CHECK TO: ________________________________________________

DATE: THIS _______ DAY OF
_____________ / _______________ / _______________

________ AT __________
MONTH YEAR

________________________________
NOTARY PUBLIC

FOR OFFICE USE ONLY:

Check Number: ______________ Net Amount: ______________ Check Date: ______________

Date of Bank’s Confirmation: ______________ Bank Rep.: ______________ Outstanding ☐ Paid ☐

Bank of American O/S List Checked: ______________ Approved by: ______________

Date of Cancellation: ______________ Date of List: ______________