

AFFIDAVIT CONCERNING STATE OF MINNESOTA CHECK

CLAIMANTS NAME _____

CLAIMANTS STUDENT ID # _____

CLAIMANTS ADDRESS _____

CITY _____

STATE _____

ZIP _____

CHECK NUMBER _____ DATED _____ AMOUNT _____

The above mentioned hereby certifies that check noted above has been lost or did not receive it in the mail and requests that a new check be written for replacement. If the original check ever comes into claimant's possession, claimant agrees to promptly return the check to Northland Community and Technical College, Attn: Business Office, 1101 Highway One East, Thief River Falls, MN 56701. Claimant also will be responsible for reimbursement to Northland for any loss which may be sustained by reason of false statement, fault or act on claimant's part concerning the above check.

This affidavit is made for the purpose of securing the issuance of a duplicate check in the above mentioned amount, **less a \$25 stop payment fee.**

Checks **will not** be reissued until **four weeks after the original issue date.**

CLAIMANTS SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:

REPLACEMENT CHECK NUMBER _____ AMOUNT \$ _____

DATE ISSUED _____

\$25 STOP PAYMENT FEE TRANSACTION NUMBER _____