

Affidavit of Lost Check and Stop Payment Agreement

Company Name:	Date:
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Employee Information (required)

Check Payee Name:	Check Number:
Social Security Number:	Check Amount:

Affidavit and Signatures

By signing this Affidavit, I, the "Payee" named above, affirm that -

- I am the named payee of the check identified above,
- I have not cashed or deposited the check identified above,
- I have never benefited and do not plan to benefit in any manner from said check.

I further affirm that, to the best of my knowledge, the check identified above has been (*check one*):

- lost, misplaced, or stolen before being delivered to me
- received by me but has since been lost, misplaced, or stolen
- received by me but has since been destroyed
- cashed by someone other than me, without my permission or endorsement
- was issued in error

Check one:

I provide this Affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check will be canceled. In consideration for the issuance of a replacement check, I agree that if the original check should ever come into my possession, I will not allow it to be cashed or deposited, and I will immediately deliver it to Tandem HR.

I provide this Affidavit to affirm that I am not due the payment listed above and attest I will not cash, deposit, or benefit from the payment. I acknowledge that authorization for payment of the original check will be canceled. I agree that if the original check should ever come into my possession, I will not allow it to be cashed or deposited, and I will immediately deliver it to Tandem HR.

I acknowledge that if I deposit, cash, or benefit from the check listed above that I may be subject to prosecution, and that any amounts owed to me may be withheld to repay any and all amounts to which I was not entitled. I also understand that a stop-payment fee may be deducted from my replacement paycheck.

Employee Signature*:	Date:
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Witnessing Supervisor Signature:	Date:
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**If the employee is unavailable to sign, the Supervisor may submit this form with the understanding that their organization will be responsible for reimbursing Tandem HR any costs incurred if the original check is cashed.*

Complete agreement and submit to your Tandem HR Payroll Specialist.

For Tandem HR Internal Use Only

Replacement Check Info: Check Number:	Amount:	Date:
Stop payment charge deducted from replacement check?	Yes	No Reason:
Approval ID:	Payroll Authorization:	Stop Payment Date:

Payroll: Send a copy of completed agreement to the Tandem HR accounting team.