

University of Florida
University Payroll and Tax Services
AFFIDAVIT FOR DUPLICATE CHECK/Payroll

STATE OF _____ COUNTY OF _____

Before the undersigned, an Officer Duly Authorized to Take Acknowledgment, personally appeared the **PAYEE** or responsible Agency representative (**CLAIMANT NAME**) _____ who, being duly sworn, deposes and says that **CLAIMANT** is informed and believes that the University of Florida did issue a Check on the Wachovia, NA described below:

Check No.: _____ Check date: _____ Check Amount (\$): _____
Payee UF ID: _____ Dept ID: _____

Payable to the order of _____ and **CLAIMANT** further says that according to **CLAIMANT's** best knowledge, information and belief, the said Check has been lost or destroyed and the **PAYEE** has not benefited in any way directly or indirectly from the above indicated Check.

Did PAYEE endorse the Check? No Yes If the answer is yes, describe the circumstances:

Was the Check: Lost Stolen Other If other, describe the circumstances:

Claimant Signature: _____
Title (if other than individual): _____
Address: _____

There must be two witnesses for payees who cannot sign their names. The Notary can be one witness.
Witness: _____ Address: _____
Witness: _____ Address: _____

*** INFORMATION MARKED BY ASTERISK (*) MUST BE COMPLETED BY THE NOTARY**

*Sworn to and subscribed before me this _____ day of _____, 20 _____ by:

* (Please print, or type name of person making statement)

* (Signature of Notary Public) State of _____

* (Print, type, or stamp Commissioned name of Notary Public)

* Personally Known or * Produced Identification

* Type of Identification Produced

The State of Florida requires a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public-State of Florida" (or State you are notarized in). This seal shall also state name of notary public, commission expiration date and a commission number. If your State does not require a commission number, then a letter with a copy of your State's Notary Public laws must be attached to the affidavit for duplicate in order for the State of Florida to accept that affidavit and process that duplicate.

FOR PAYROLL AND TAX SERVICES ONLY

STOP PAYMENT DETAILS:
Date: _____
Expires: _____
Confirmation #: _____
Wachovia Contact: _____

University of Florida
University Payroll and Tax Services
1250 East Campus Office Building - PO BOX 113201
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