

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: \_\_\_\_\_

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