

Lost Payroll Check Affidavit

This certifies that I have lost or misplaced the following payroll check. I understand that if I find this check. I need to return it to Alliance Employer Services, Payroll Department. A stop payment will be placed on the original check. In most cases, a replacement check fee up to \$25 will be charged to the Employee. A replacement check may take up to seven (7) days to be reissued.

I further acknowledge and affirm that this check has been:

- Lost
- Never received
- Damaged (No stop payment required, due to branch in possession of original check Yes or No)
- Other

And has never been cashed or otherwise negotiated in anyway by the undersigned or by any agent on my behalf. I acknowledge that, in reliance upon my representations herein, I will be issued a replacement check in place of the above-described check and I agree to return the above described check if it should ultimately be found or discovered.

I further acknowledge that I may be subject to civil and criminal penalties (including criminal prosecution for fraud and perjury) if it is ultimately discovered that I have cashed or otherwise negotiated (or allowed to be negotiated) the above-described check.

Employee Information

Company Name:

Employee Name:

Last Four Digits SSN:

Check Date:

Net Check Amount:

Check No.:

Daytime Phone:

Employee Mailing Address:

City:

State:

Zip:

Employee Signature:

Date:

Witnesses Signature:

Date:

Payroll Department's Use Only

Replacement Check Number: _____

Date: _____

Processed by: _____

Delivery Method: _____