



**AFFIDAVIT FOR CHECK REPLACEMENT**

Date (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payee, \_\_\_\_\_, was issued a check, number \_\_\_\_\_  
on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ . \_\_\_\_\_ in payment properly due and  
payable to him or her by the Fire and Police Pension Association. Payee hereby swears and affirms that he or she  
misplaced or failed to receive this check.

**Further**, the payee requests that the Fire and Police Pension Association issue a duplicate check in replacement  
of the lost check. Payee agrees that in the event the original check comes into his or her possession, he or she will  
immediately surrender the check to the Fire and Police Pension Association, uncashed. In the event it is later deter-  
mined that the payee has cashed both the original and the duplicate check, the payee agrees to reimburse the Fire  
and Police Pension Association for the amount of the extra payment incurred, along with any collection or legal fees  
necessary to obtain reimbursement.

\_\_\_\_\_  
Payee's Full Legal Signature Date

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip

**FOR NOTARY USE ONLY**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(seal)

**FOR FPPA USE ONLY**

Stop payment made on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Bank Contact \_\_\_\_\_

Time \_\_\_\_\_ Reason \_\_\_\_\_

Reissue date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ . \_\_\_\_\_

Approved by \_\_\_\_\_  
Payroll Department