FPPA

Fire & Police Pension Association
7979 East Tufts Avenue, Suite 900, Denver, CO 80237
(303) 770-3772 • (800) 322-3772 • fax (303) 771-7622
FPPAco.org

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 determined 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 # XXX - XX - ☐☐☐☐ *(last 4 digits only)*

Mailing
Address _____ _____
Street Apt #

_____ _____ _____
City State Zip

FOR NOTARY USE ONLY

STATE OF _____
} ss
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

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