



# 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 Star HR, Payroll Department at 6959 University Blvd. Winter Park, FL 32792. 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.

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Last Four Digits SSN: \_\_\_\_\_

Check Date: \_\_\_\_\_ Net Check Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witnesses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payroll Department's Use Only

Replacement Check Number: _____	Date: _____
Processed by: _____	Delivery Method: _____