



**AFFIDAVIT TO OBTAIN A REPLACEMENT CHECK**

I/We \_\_\_\_\_ (Payee Name) hereby declare  
that check number \_\_\_\_\_, issued in my/our name  
as payee in the amount of \$ \_\_\_\_\_ and dated \_\_\_\_\_, is/was  
\_\_\_\_\_. (stated dated, lost) (destroyed, not received)

If the check indicated above was lost or not received, I understand that I  
cannot cash the check if it later comes into my possession but rather, I  
must return it immediately to:

**California State University Channel Islands  
Accounts Payable  
1 University Drive, BTE Rm 1788  
Camarillo, CA 93012  
Attn: Myrna Sta Ana-AP Supervisor**

If I do not return the check described above, I may be subject to civil or  
criminal action or both. I understand all of the above statements and  
declare the foregoing to be true and correct.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Street: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Please return form to the address above.