



BEMIDJI STATE UNIVERSITY

1500 Birchmont Drive NE. Box 5
Bemidji, MN 56601
FAX: 218-755-2160

AFFIDAVIT CONCERNING A BEMIDJI STATE UNIVERSITY CHECK

State of Minnesota County of _____

I, _____ residing at _____

_____ county of _____

being duly sworn, HEREBY DEPOSES AND SAYS: That Bemidji State University:

Student ID # _____ CheckNumber _____ Issued _____

Payable To(Name) _____

Address _____

In the amount of _____

(\$ _____) Dollars, was (lost, destroyed, etc., explain briefly) _____

That if said original check ever comes into his/her possession, he/she will promptly return the check to Bemidji State University, 1500 Birchmont Drive NE, Box 6, Bemidji, MN 56601, and that he/she will reimburse the University for any loss which it may sustain by reason of any false statement, fault or act on his/her part concerning the aforesaid matter; and that this affidavit is made for the purpose of securing the issuance of a duplicate check to him/her in the amount of the aforesaid.

Signature of Affiant*

Subscribed and sworn to before this
_____ day of _____, 20____

*All payees must sign the affidavit

Notary Public
My commission expires _____

A \$20 bank stop payment fee will be assessed for re-issuance of a Bemidji State University check over \$50. Please include a check or money order for \$20 with this affidavit in order to replace the above check. If you have questions regarding this form, please contact Joann Gardner at 218-755-2898. Your contact phone # if BSU has questions is _____

