



BEMIDJI STATE UNIVERSITY

1500 Birchmont Drive NE. Box 6
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:

Check Number _____ 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 _____

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The re-issued check may be picked up at the BSU Cashier's office in Deputy 201 two days after this affidavit is received in the Business Office. Please check here _____ if you wish to have this check mailed to the address above.

If you have questions regarding this form, please contact Joann Gardner at 218-755-2898.