



# 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 5, 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 Lisa Jones at 218-755-2898. Your contact phone # if BSU has questions is \_\_\_\_\_**