SACRAMENTO STATE

Check Replacement Application

Reason for request:

Check never received	Payee name is incorrect	Check damaged or destroyed	Payroll check
Check lost	Check expired	Check stolen	Other_____

Note: A "Stop Payment" will be issued on the original check upon receipt of this form. If you receive/find your original check after submitting this form, DO NOT CASH THE ORIGINAL CHECK. Any attempt to cash the original check after the stop payment has been placed may result in fees from your bank. If you indicated "Check Stolen" please attach any documentation you may have (e.g. police report).

All fields are required	Original Check Information	

Payee/Vendor Name	Parent Plus Loan (PPL)? Yes No	Student's Name (if PPL)
Check Number	Check Amount	Check Date

Replacement check to be:

Mail to the current address [   ]
    Default to this address for all future disbursements

Pick up at Bursar's Office, Lassen Hall 1001 (after seven business days)

E-Refund (E-Refund is for current students ONLY, not available for payroll checks, vendors, or parents. Students may sign up for E-Refund through MySacState)

Apply to outstanding fees (for current students ONLY, not available for payroll checks, vendors, or parents)

Decline Aid, do not replace (for current students ONLY, not available for payroll checks, vendors)

Requestor's Information

I certify or declare that I am the owner or custodian of the check referenced above or a legal representative of the owner on whose behalf I make this application (the declarant), have not cashed or transferred same, am entitled to possession thereof, and authorized to make this application and enter into this indemnity agreement provided herein. This application is made to the Board of Trustees of the California State University (the University) to issue a replacement check in lieu of said original check. I agree to indemnify and hold harmless the University, its agents, employees and officers, against any loss, damage, expense or any other liability resulting directly or indirectly from the issuance of a replacement check or by the original check still remaining outstanding. **Note:** This indemnity agreement is not applicable if the payee of the lost or destroyed check is any governmental agency or officer thereof. *I certify (or declare) under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.*

Payee Signature (student, parent, employee or vendor) Date:	Print Name:
Student ID for students or Last 4-digits of SSN for payroll checks	Phone Number
Email Address	

All fields are required

Office Use Only		
Processed by:	Date Processed:	Date Received:
Notes:	Vchr #:	New CK # & Date:

Three options to submit your form:
Email signed scanned form to (preferred): accountingservices@csus.edu
Mail to: Sacramento State, Accounting Services, 6000 J Street, Modoc Hall, Room 3005, Sacramento, CA 95819-6080
Hand Deliver to: Bursar's Office, Lassen Hall, Room 1001 *or* Accounting Services, Modoc Hall, Room 3005