



NORTHLAND

COMMUNITY & TECHNICAL COLLEGE

AFFIDAVIT CONCERNING STATE OF MINNESOTA CHECK

CLAIMANT NAME

CLAIMANT STUDENT (or Star) ID #

CLAIMANT ADDRESS

CITY

STATE

ZIP

CHECK NUMBER _____ DATED _____ AMOUNT _____

The claimant hereby certifies the check noted above has been lost or was not received in the mail. Claimant requests a new check be written for replacement. If the original check ever comes into claimant's possession, claimant agrees to promptly return the check to Northland Community and Technical College, Attn: Business Office, 1101 Highway One East, Thief River Falls, MN 56701. Claimant also will be responsible for reimbursement to Northland for any loss which may be sustained by reason of false statement, fault or act on claimant's part concerning the above check.

This affidavit is made for the purpose of securing the issuance of a duplicate check in the above-mentioned amount, **less a \$25 stop payment fee.**

Checks **will not** be reissued until **four weeks after the original issue date.**

CLAIMANTS SIGNATURE

DATE

FOR OFFICE USE ONLY:

Replacement Check #

Amount

\$25 Stop Payment Fee Transaction #

Date