

## AFFIDAVIT CONCERNING STATE OF MINNESOTA CHECK

CLAIMANTS NAME		CLAIMANTS STUDENT ID #	
CLAIMANTS ADDRESS	CITY	STATE	ZIP
CHECK NUMBER	DATED		AMOUNT
The above mentioned hereby certifies that check noted above has been lost or did not receive it in the mail and requests that 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	DAT	E	
FOR OFFICE USE ONLY:			
REPLACEMENT CHECK NUMB	BER	A	MOUNT \$
DATE ISSUED	_		
\$25 STOP PAYMENT FEE TRANSACTION NUMBER			

East Grand Forks Campus 2022 Central Avenue NE East Grand Forks, MN 56721 218.793.2800 1.800.451.3441 Thief River Falls Campus 1101 Highway One East Thief River Falls, MN 56701 218.683.8800 1.800.959.6282

www.northlandcollege.edu

Northland Community and Technical College is an affirmative action, equal opportunity employer and educator.