

Lost/Replacement Check Request

Payee Information *-Checks will only be re-issued after 10 business days from the date of original check*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Original Check Information *-If unknown, contact EOU to obtain information below*

Check Number: Check Date: _____ Amount: _____

Payment was for: Goods Services Payroll Student Refunds Other: _____

Reason for Check Replacement: Never Received Lost Stolen Destroyed Other: _____

As referenced above, I state that I am the lawful (payee) (owner) (legal representative) of the Eastern Oregon University issued check referenced above, and I further state that the check has not been paid due to the above indicated reason for check replacement.

I furnish this statement in compliance with ORS 293.475, to obtain from the Disbursing Officer of Eastern Oregon University,

Replacement check

Refund to student account

Return financial aid to (choose all below that apply):

Unsubsidized Loan Subsidized Loan Plus Loan Other: _____

(I) (We) understand that if the original check is found, it must be returned immediately to:

**Eastern Oregon University
One University Blvd
La Grande, OR 97850**

Signature of Payee, Owner, or Legal Representative

EOU ID Number (Students/Employees)

Title (if legal representative)

Date

Office Use Only

Sent Out By: _____

Department: _____ Phone: _____ Doc # (if applicable): _____

Check Cancelled By: _____ Date: _____

Replacement Authorized By: _____ Date: _____

Replacement Check Number: _____ (Payroll Use Only) PHARECN: _____