

Lost Check Statement

Check # _____ (from FAIVNDH) dated (from FAIVNDH): _____

In the amount of \$: _____ received damaged never received received / misplaced or lost (check box)

Payable to:

LAST name: _____ FIRST name: _____ @#: _____

Student FILL OUT information below:

I would like my replacement check mailed . MA address PR address

MAKE SURE BANNER ADDRESS IS CORRECT!

Phone numbers where I can be reached are: _____ or _____

I have not received or cashed the check indicated above:

Student signature: _____ **Date:** _____

(or Guardian for minors)

IMPORTANT - If you should receive the check number listed above after this form has been submitted you must return it at once. DO NOT DEPOSIT OR CASH as it will not be honored and you may be responsible for the return check fees imposed by your bank.

For technician:

Checked Bursar (to make sure not returned in the mail first) **Date:** _____

Date request received: _____ Sent to District: _____ Make copy for our file and for FC Bursar's Office.

By: _____