

Request for Stop Payment and Re-issue of Student Refund Check

One Washington Square, San José, CA 95192-0138

CHECK INFORMATION *(Please be advised that a stop payment and reissue takes approximately two weeks to be completed.)*

PAYEE NAME	SJSU ID #	CHECK AMOUNT
		\$

DRAWN BY (AGENCY)	SAN JOSE STATE UNIVERSITY
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Check one option: <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP	FOR OFFICE USE ONLY Check Number: Date of check:
Mail to:	
Phone No:	

Pick up:	Tel Number:	Email Address:
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CERTIFICATION:

I, _____,
 address _____,
(Street) (City) (State) (ZIP Code)
 certify or declare:

that the check described above was lost or destroyed on or about _____, 20____, under the following circumstances:

That declarant is the owner or custodian of the said check, has not cashed or transferred same, and it is entitled to possession thereof; or the corporation, partnership or governmental agency whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

Application is made to the *SAN JOSE STATE UNIVERSITY* to issue replacement check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State its officers and employees, from any loss resulting from the issuance of said replacement check. (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 that the foregoing is true and correct.

_____, at _____, California
(Date) (City)

 (Signature of declarant)