

## Student Financial Services

### Statement of Securing Payment for Lost, Stolen, or Destroyed Check

<u>Original Check</u>
Check Issue Date ____/____/____ Check # _____ Amount of Check \$ _____

I, \_\_\_\_\_ , \_\_\_\_\_  
(Student Name) (PSU Student ID#)

of, \_\_\_\_\_  
(Current Street Address)

\_\_\_\_\_  
(City, State, Zip code)

\_\_\_\_\_  
(Phone) , \_\_\_\_\_  
(PSU Email)

hereby attest that I am the lawful  **payee, or**  **legal representative** of the Portland State University check referenced above. The original check, mentioned above, has been  **lost**,  **stolen**, or  **destroyed** and **not cashed**.

I submit this statement in compliance with Oregon Revised Statute 293.475 to replace the funds originally issued by Portland State University in the form of paper check, and request replacement of  **paper check** to the address listed in the student's Banweb account, **or**  **direct deposit** per up-to-date banking information listed in Banweb.

\_\_\_\_\_  
(Signature of Payee, or Legal Representative)      \_\_\_\_\_  
(Title e.g., Student or Legal Representative)      \_\_\_\_\_  
(Date Signed)

Administrative use only: Completed by Student Financial Services (SFS) Staff		
Reason <b>Original</b> Check was Issued _____	<b>Original</b> Check VOID Date ____/____/____	
<b><u>Replacement Check</u></b>		
Date ____/____/____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Direct Deposit      Staff Initials: _____