



AUTHORIZATION TO CANCEL A CHECK OR ACH

DISTRICT: _____ DATE: _____

AUTHORIZED SIGNATURE: _____

PERSON TO CONTACT: _____

REISSUE (CIRCLE ONE): YES / NO

CHECK # or ACH CONTROL #: _____

Payee: _____

Reason for cancel: _____

ATTACH AFFADAVIT AND REQUEST FOR REPLACEMENT CHECK
-OR

ATTACH CHECK

THIS AUTHORIZAZATION WAS FAXED ON: _____
(DATE)

FOR SBAS USE ONLY

Register # _____ Replacement Check # _____



School Business Advisory Services Affidavit and Request for Replacement Check

Certification - To be completed by person requesting replacement check

As payee or legal custodian, if a replacement check is issued, a stop payment will be placed on the original check, and I am responsible for any fees if I attempt to cash the original check.

Describe the circumstances which caused the loss, mutilation, destruction, etc. **Please print or type**

The check was not endorsed was endorsed was endorsed "For deposit only"

I certify, under penalty of perjury, that the above information is true and correct. I understand that should I locate the original check, I am legally obligated to return it to the district office.

SIGNATURE OF PERSON CERTIFYING	DATE SIGNED
PRINT NAME OF PERSON	TELEPHONE NUMBER ()
TITLE OF PERSON (COMPLETE IF PERSON SIGNING CERTIFICATION IS NOT THE EMPLOYEE)	

Complete the following if firm name and address are different from payee's:

NAME OF FIRM
ADDRESS OF FIRM

Description of Check -- For district use only (Please type.)

Payroll Check Commercial Check

NAME OF PAYEE ON CHECK	SOCIAL SECURITY NO (PAYROLL)			
ADDRESS OF PAYEE				
CHECK NO	ISSUE DATE	AMOUNT \$	NAME OF SCHOOL DISTRICT OR AGENCY	FUND NO

District or Agency Contact

DATE OF THIS REQUEST	FIRST AND LAST NAME OF SCHOOL DISTRICT/AGENCY CONTACT PERSON	TELEPHONE NUMBER OF PERSON EXTENSION ()
AUTHORIZED SIGNATURE		DATE

For County Office Use

CHECK OUTSTANDING	DATE PAID	DATE PAID COPY SENT TO DISTRICT/AGENCY
REPLACEMENT SENT	<input type="checkbox"/> District/Agency <input type="checkbox"/> Check Investigation	
REPLACEMENT APPROVED BY	REPLACEMENT CHECK NO	DATE APPROVED
OTHER ACTION		