

Student Refund Affidavit

Student Name:			_ UV ID:	
Address:		Apt/Unit/Suite No.:		
City:	State:	Zip:		
Check Number:		Reason for Requesting Replacement Check		
Check Date:		Lost	Damaged	
Check Amount:		Stolen	Never received	
-	ne check, I will no		ash, or attempt to cash by any method ne check and will promptly return the	
check to Utah Valley	University.	•	·	
	•	• •	ired to accept this request for stop	
Student Signature:				
Date:				

For Office Use Only

Date: ______

Check cashed: Y / N If Y, Date:

Place stop payment on WF:

Void in FAACHKS:

Input SREF:

Issue replacement REF: