

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

I request Utah Valley University place a stop payment on the check detailed above and issue me a replacement check. I also certify that I did not endorse, cash, or attempt to cash by any method the check. If I find the check, I will not attempt to cash the check and will promptly return the check to Utah Valley University.

I also understand that Utah Valley University is not required to accept this request for stop payment and issuance of replacement check if all required conditions are not met.

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: