

# Lost/Replacement Check Request

**Payee Information** *-Checks will only be re-issued after 10 business days from the date of original check*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Original Check Information** *-If unknown, contact EOU to obtain information below*

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment was for:      Goods      Services      Payroll      Student Refunds      Other: \_\_\_\_\_

Reason for Check Replacement:      Never Received      Lost      Stolen      Destroyed      Other: \_\_\_\_\_

As referenced above, I state that I am the lawful (payee) (owner) (legal representative) of the Eastern Oregon University issued check referenced above, and I further state that the check has not been paid due to the above indicated reason for check replacement.

I furnish this statement in compliance with ORS 293.475, to obtain from the Disbursing Officer of Eastern Oregon University,

Replacement check

Refund to student account

Return financial aid to (choose all below that apply):

Unsubsidized Loan      Subsidized Loan      Plus Loan      Other: \_\_\_\_\_

**(I) (We) understand that if the original check is found, it must be returned immediately to:**

**Eastern Oregon University  
One University Blvd  
La Grande, OR 97850**

\_\_\_\_\_  
Signature of Payee, Owner, or Legal Representative

\_\_\_\_\_  
EOU ID Number (Students/Employees)

\_\_\_\_\_  
Title (if legal representative)

\_\_\_\_\_  
Date

**Office Use Only**

Sent Out By:

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Doc # (if applicable): \_\_\_\_\_

Check Cancelled By: \_\_\_\_\_ Date: \_\_\_\_\_

Replacement Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Replacement Check Number: \_\_\_\_\_ (Payroll Use Only) PHARECN: \_\_\_\_\_