



Purpose: Intended for individuals who did not receive or have lost their refund check. Upon review, original check will be canceled and a new check will be re-issued. Please complete form and return to the Cashiering Office in SSC 230 or by email at cash@csuchico.edu or fax at (530) 898-4288.

PAYEE INFORMATION

Payee Name: _____ Chico State Student ID: _____
Check Amount: _____ Check Date: _____ Check Number: _____
(If Known) *(If Known)*
Phone Number: _____

DISBURSEMENT INSTRUCTIONS

Preference for disbursement of reissue check: (choose one)
 Hold check for pickup in SSC 230; an email will be sent to my CSU, Chico email when the check is available.
 Direct Deposit: Funds will be deposited to the bank account designated by me in my Student Center.
 Mail check to: _____
Enter full mailing address. You must also update your address in your Student Center.

DECLARATION

I, _____ declare that the check described above was lost or destroyed
PRINT FULL NAME
on or about _____ under the following circumstances:
DATE

AUTHORIZATION

The declarant (person named above) is the owner or custodian of said check, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership or governmental agency in whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

Application is made to the issuing state agency to issue a replacement check in lieu of said original check, and declarant, or partnership or corporation in whose behalf she/he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said replacement check. (This indemnity agreement is not applicable if the payee of the lost or destroyed check is any governmental agency or officer thereof.)

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE PRINT NAME DATE