|  |  |  |
| --- | --- | --- |
| YOUR LOGO HERE |  | YOUR NAME  AND  INFO HERE |

DUPLICATE CHEC FORM REQUEST:

**Please enter or print all information below:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID Number (Z#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

request that a duplicate check be issued for the following reason (s):

\_\_\_\_\_ I never received the original check. \_\_\_\_\_ The original check was destroyed or lost.

OTHER REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORIGINAL CHECK AMOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authenticate that the information provided is accurate. Additionally, if I do receive or find the original check I will not cash the check but immediately return the check to the Controller’s Office, Student Tuition and Billing Services, SU80/Room 130.

In the event that I do cash or deposit both the original and replacement checks, I understand that the Controller’s Office will post the amount onto my student financial account, refer my account to a collection agency, which will send my student account to the three (3) major credit bureaus.

Please place a check mark in the following:

* **I confirmed that my current address is updated on my FAU student account.**

**To review go to www.fau.edu. Select MyFAU Login under Current Students tab. Select Self-Service then Personal Information. Click on update Address and Phone information.**

* **I confirmed that I have setup direct deposit on my FAU student account.**

**To sign up go to www.fau.edu. Select MyFAU Login under Current Students tab**

* **I confirmed that I have setup direct deposit on my FAU student account.**

**To sign up go to www.fau.edu. Select MyFAU Login under Current Students tab. Select Self-Service then Direct Deposit to add or update information.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete and submit by one of the following:

**Mail:** Florida Atlantic University **Scan/e-mail: yourname@example.com**

Tuition & Billing Service SU 80/130

777 Glades Road **Fax:** 561-297-0683

Boca Raton, FL 33431

**FOR OFFICE USE ONLY:** REISSUE FROM UNCLAIMED PROPERTY ACCOUNT

APPROVE: DENY: DATE: