



OFFICE OF THE CONTROLLER, 10/149
CHECK DISBURSEMENT
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FLORIDA ATLANTIC UNIVERSITY
Controller's Office - Request for Duplicate Check

PLEASE PRINT THE REQUESTED INFORMATION IN THE SPACES BELOW. A REPLACEMENT CHECK WILL BE RELEASED UPON RECEIPT OF THE ORIGINAL FORM AND A COPY OF YOUR PICTURE I.D. (DRIVER'S LICENSE OR FAU OWL CARD).

I, _____, Z NUMBER _____

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:

I hereby affirm that the above information is a true and factual statement. I also affirm that if I do receive or find the original check noted below I will not cash the check but return it to the Controller's Office immediately. In the event I do cash or deposit both original and replacement checks, I understand that the Controller's Office will, at its discretion, recommend the suspension of my academic progress, pursue all collection efforts at its disposal, and/or notify the appropriate credit-reporting and prosecuting authorities.

Signature _____ Date: _____

Phone Number (_____) _____ E-Mail _____

Street Address _____

City _____ State _____ Zip Code _____

CHECK INFORMATION (TO BE COMPLETED BY CONTROLLER'S OFFICE STAFF)

ORIGINAL CHECK
ACCOUNT (CHECK ONE)
___ PERKINS LOAN FUND
___ PAYROLL
___ RESEARCH CORPORATION
___ STUDENT REFUND
___ ACCOUNTS PAYABLE

REPLACEMENT CHECK
ACCOUNT (CHECK ONE)
___ PERKINS LOAN FUND
___ PAYROLL
___ RESEARCH CORPORATION
___ STUDENT REFUND
___ ACCOUNTS PAYABLE

CHECK # _____
ISSUE DATE _____
CHECK AMOUNT _____
STOP PAYMENT DATE _____

CHECK # _____
ISSUE DATE _____
CHECK AMOUNT _____
STOP PAYMENT DATE _____

COPY OF DRIVERS LICENSE ATTACHED _____
COPY OF OWL CARD ATTACHED _____

COPY OF DRIVERS LICENSE ATTACHED _____
COPY OF OWL CARD ATTACHED _____