



**UCSD BFS PAYROLL
STOP PAYMENT / CANCEL STALE DATED CHECK
REQUEST**

_____ says as follows:

(NAME OF DECLARENT)

1. I have been informed that a check drawn by the Regents of the University of California against its account maintained with Wells Fargo Bank, check # _____, dated _____ in the amount of, \$ _____ was issued to _____ as payee.
2. I am the legal owner or entitled to possession of said check and said check has been (destroyed), (lost), (stale dated) and the facts of such (destruction), (loss), (stale) in so far as known to me are as follows: _____

3. The payee of said check has not negotiated, deposited or cashed.
- 4a. STOP PAYMENT: I agree that, if a new check is issued to me in lieu of check # _____, which has been lost, and if said check hereafter is placed in my possession, I will not negotiate, deposit or cash said check, but forthwith will deliver the same to the Regents of the University of California for cancellation.
- OR**
- 4b. STALE DATED: I understand, that if a new check is issued to me it replaces check # _____, that is no longer negotiable as a result of an invalid date and the inability of financial institution to negotiate or cash this check. **To help expedite the re-issuance of this check, please attach the stale dated check with this request.**
5. I further agree that, for and in consideration of the re-issuance to me of a check in lieu of the check originally issued and subsequently lost or destroyed, I will indemnify and hold harmless the Regents of the University of California against loss, damage, expense of any other liability which may be suffered by said The Regents, either directly or indirectly, by reason of the issuance of said duplicate check or by the original instrument still remaining outstanding.
6. Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that the Regents issue a new check to me in lieu of check # _____.

I certify, (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California.

Signature of declarant _____.

Mailing address of declarant: _____

Check disposition: For pickup _____, Send to mail code _____, Mail to home address _____

PAYROLL AND BANK REFERENCE USE ONLY

Fund # _____, Account # _____ Verified from hold list _____, and PC manager _____

Employee # _____, SSN _____, PAYAUTH Doc # _____

Stop payment /Cancellation processed on _____, by _____

Stop/Cancellation accepted? Yes _____, No _____, if yes provide PC ref./Bank contact name _____

If check is cashed, copy requested on _____ Bank contact name _____