



WESTMINSTER
SCHOOL
DISTRICT

Westminster School District
Lost Check Affidavit

Employee Name: _____ Date: _____

On the day of _____, 20__, there was a check issued to me by the Westminster School District. The Check number was _____, issued in the amount of \$_____.

- ☐ I have not and will not endorse, deposit, cash or transfer this check
- ☐ I do not know the whereabouts of the check or do not know if check has been destroyed.

I hereby agree that if ever the above mentioned original check is found, I will not cash it and will surrender it to Westminster School District immediately. I agree that if the original check is negotiated, and it is found that an act committed by me assisted in the negotiation of the original check, I will immediately, upon demand, repay the District the full amount of the check in its entirety plus any fees associated with the transaction.

By signing this Affidavit and Indemnity Agreement, I am asking the Westminster School District to cancel the original check described above and issue a new check to me in its place.

Employee Signature: _____ Date: _____

- ☐ Mail replacement check to my home address –

- ☐ Send replacement check to my school site - _____