



**AFFIDAVIT OF LOSS**

As the designated payee on a University of Maine check, the undersigned was entitled to receive the check described below. The check has been lost, stolen, or destroyed, and has not been endorsed by the undersigned.

In consideration of the issuance of a replacement check, the undersigned agrees for himself or herself, his or her heirs, legal representation and assigns to indemnify and hold harmless the University of Maine System from and against all loss, cost and expense suffered by reason of any endorsement of the missing check by the undersigned; and further agrees to surrender said missing check to the company for cancellation, if found.

**Return of this form will result in a stop payment being placed on the check described below.**

<b>DATE:</b>	<b>AMOUNT:</b>	<b>DESCRIPTION:</b>
_____	_____	_____

**REASON FOR REQUESTING A STOP PAYMENT BE PLACED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

MaineStreet ID # \_\_\_\_\_ Printed name: \_\_\_\_\_

**If this is signed by more than one person, it shall be jointly and severally binding on each.**