



1400 Pelham Parkway South \* Building 4, 11<sup>th</sup> Floor, Bronx, NY 10461 \* Tel: (646)458-2802

## NOTICE OF LOST / STOLEN CHECK

NAME OF PAYEE (Print or Type)	ADDRESS OF PAYEE
EMPLOYEE S.S.#	FACILITY
PAYROLL PERIOD	DATE OF CHECK
CHECK #	MICR #
GROSS AMOUNT	NET AMOUNT
Date loss/theft discovered	Date loss/theft reported
To whom loss/theft reported:	
How reported: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Personally	Was check endorsed?
Was check endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe circumstances of loss/theft in detail:	
If check was stolen, to which Police Department Precinct was it reported? Princint: _____ Squad: _____	
Police Department Complaint #:	
REPORTED BY: Signature:	Title:
Printed name of person signing above:	Date this form was completed:

### Below this line to be completed by Corporate Payroll Operations

Date Stop Payment placed with Bank	How reported: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> On Line
Date of Stop Payment Acknowledgment	Date new check issued:
Amount of new check	Check number of new check
Signature (Authorized CPO Staff member)	

**LOST OR FORGED CHECK AFFIDAVIT**

\_\_\_\_ LOST

\_\_\_\_ FORGED

State of New York  
County of New York

I, \_\_\_\_\_, (employee/payee) being  
duly sworn deposes and says:

That \_\_\_\_\_ is the payee  
(name of payee)  
of a certain check drawn by the New York City Health and Hospitals Corporation on  
the Chase Manhattan Bank in the sum of \_\_\_\_\_  
dollars(\$ \_\_\_\_\_) dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and  
(month) (day) (year)  
bearing document (MICR) number \_\_\_\_\_

That if an endorsement has been made on the aforesaid check purporting to be the  
endorsement of \_\_\_\_\_  
(name of payee)  
said endorsement is a fraud and a forgery and was not made or authorized to be made  
by \_\_\_\_\_  
(name of payee)

That I, \_\_\_\_\_, received no  
(name of payee)  
benefit nor any part of the proceeds of said check.

Signed: \_\_\_\_\_  
(Employee/Payee)

THIS SECTION TO BE COMPLETED BY NOTARY:

SWORN BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_ 20