

State of: \_\_\_\_\_

County of: \_\_\_\_\_

\_\_\_\_\_, **being duly sworn, deposes and says:**  
(Employee/Affiant's Name)

I hereby acknowledge receipt of payroll check number \_\_\_\_\_,  
dated \_\_\_/\_\_\_/\_\_\_, in the amount of \_\_\_\_\_, payable to the order of  
the undersigned.

I further acknowledge and affirm that the said check has been \_\_\_\_\_ (lost, stolen,  
destroyed, etc.) and has never been cashed or otherwise negotiated in anyway by the undersigned or by  
any agent on my behalf.

I acknowledge that, in reliance upon my representations herein, I will be issued a replacement  
check in the place and stead of the above-described check and I agree to return the  
above-described check if it should ultimately be found or discovered.

I further acknowledge that I may be subject to civil and criminal penalties (including criminal  
prosecution for fraud and perjury) if it is ultimately discovered that I have cashed or otherwise  
negotiated (or allowed to be negotiated) the above-described check.

\_\_\_\_\_  
(Employee/Affiant's Signature)

\_\_\_\_\_  
(Print Employer's Name)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)\*

\_\_\_\_\_  
(Print Parent/Legal Guardian's Name)\*

\_\_\_\_\_  
(Print Employee/Affiant's Name)

\_\_\_\_\_  
(Print Company Name)

\_\_\_\_\_  
(Print Employer/Affiant's Address)

\*Required if the employee is under the age of 18.

|  |
|--|
| State of: _____  |
| County of: _____   |
| Sworn to before me this _____ day of<br>_____, 20____<br><small>(MONTH) (YEAR)</small> |
| _____<br>Notary Public   |
| My Commission Expires: _____ / _____ / _____   |

|                         |
|-------------------------|
| <b>Paychex Use Only</b> |
| Office/Client #: _____  |
| Client Name: _____      |

