

WASHTENAW COMMUNITY COLLEGE Claim Non-receipt of Check or Direct Deposit and Affidavit

CLAIM

		Phone No.:			
		or S.S. No.:			
Address:	Street:				
	City:	State:	Zip:		
CHECK or Direct Deposit CLAIM INFORMATION Basis for Claim: (Check all applicable boxes)		Amount: \$		Date:	
		Internal Use Only: Check or Direct Deposit No Transaction Date: Amount \$ Payee Claims Non-Receipt of Funds Forged Signature Lost Check			
Claim Details (To be compl the student)					

The undersigned states and agrees:

- \Box That the Claim information set forth above is true and correct to the best of my knowledge and belief.
- □ That this Affidavit is to initiate a stop payment on above referenced Check and claim for reimbursement of a check (hereinafter "the Check").
- □ That the undersigned agrees NOT to cash the above referenced check if it is delivered or found.
- □ That the undersigned has not received any direct or indirect proceeds, benefits, or value of any kind from the Check or Direct Deposit.

NOTE: Check investigations are processed on Wednesday. Requests will NOT be processed on days that the bank is not open or after 2:30 p.m.

Student Signature

Date

Please return form to:	Washtenaw Community College, Attn: Student Accounting, P.O. Box 1610,
	Ann Arbor, MI 48106-1610
	Or Fax to: 734-677-5272
	Or turn in at the Cashier's Office, 2 nd Floor Student Center Bldg.