



AFFIDAVIT OF LOST CHECK AND AGREEMENT OF INDEMNITY

STATE OF WISCONSIN

COUNTY OF _____

Before me, the undersigned Notary Public, on this day personally appeared _____, known to me, who being by me duly sworn upon his/her oath, deposed and said:

I hereby certify that the University of Wisconsin – Whitewater (herein referred to as the “University”) has issued and delivered a certain check payable to _____ with the number _____, dated ____/____/_____ in the amount of \$ _____, which has not been received, cashed, transferred, deposited, or endorsed by me or anyone authorized to act in my behalf.

I hereby declare that the original check described above has been mislaid, and I hereby request that the University issue me a substitute check in lieu of the original check described above.

In consideration of a substitute check issued by the University, I, the undersigned, hereby agree to all of the following:

- I agree that if the original check described above is received by me or anyone authorized to act in my behalf, I will promptly return it directly to the University without endorsing it or in any way attempting to receive payment on it.
- I agree to defend, hold harmless and indemnify the University and the Board of Regents of the University of Wisconsin System and all successors and assigns from and against any and all claims or demands of whatever nature related in any way to the original check described above, and from all damages, losses, costs, and expenses – including, but not limited to, attorney’s fees to the extent allowed by law – which the University may sustain, incur, or be liable for in consequence of having issued a substitute check in lieu of the original described above.
- I agree that the University may charge my student account directly to recover any damages, losses, costs, or expenses described above.

Subscribed and sworn to before me this,
 _____ day of _____, 20____

 Printed Name of Notary Public

 Signature of Notary Public
 My Commission expires _____

 Signature of Student

 Date

 Campus ID # _____

 Local Address

 Phone Number _____