



Check Replacement Request Form

Check # _____ was issued on _____ in the amount of \$ _____.

I certify that I have not negotiated the check being requested for replacement. I agree that if the original check is received or located, I will not attempt to negotiate the check, but return it to the Payroll Department at St. John Fisher College.

I request the above-referenced check be replaced in the form of a check. I understand that a Check Replacement fee of \$ _____ will be charged.

I request the above-referenced check be replaced by direct deposit to the following:

Savings? OR Checking Account? (Please check)

Bank Routing No: _____

Bank Name: _____

Account No: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Return this form to the Payroll Department Kearney Administration Building, Room 217
St. John Fisher College 3690 East Avenue Rochester New York 14618 585-385-8056 or 8057

Revised: 8/2015