

**REPLACEMENT CHECK ACKNOWLEDGEMENT
WEST COAST UNIVERSITY**

Date: _____

Student Name: _____ ID # _____

Payee Name: _____ has requested a replacement check to replace the following check:

Check Date: _____

Check number: _____

Check Amount: \$ _____

In the event that the missing check is found, the check will be returned to West Coast University and will not be cashed.

Reason for re-issuance: _____

Student current mailing address: _____

Payee current mailing address (if different than student): _____

(student signature)

(check payee signature – if other than student)

Requested By: _____
(WCU Associate)

Campus: _____

Signature: _____

Date: _____

For Accounting purposes only:

Stop payment required: _____

Re-issue Check Date: _____

Date check voided: _____

Re-issue Check No. _____

Re-issue Check Amount: _____