

SENECA NATION OF INDIANS
FISCAL AFFAIRS DEPARTMENT

AFFIDAVIT FOR REPLACEMENT OF LOST/STOLEN: Annuity/Minors Trust/Elders/Disability Check

A. INFORMATION ON LOST/STOLEN CHECK:

Check Date: _____

Check # _____

Amount: _____

Payable to Name: _____

Address: _____

Date Mailed to above address: _____

Section A. completed by: _____ Date: _____

B. STATEMENT OF PAYEE:

I, _____, am an enrolled member of the Seneca Nation of Indians. My enrollment number is _____. My current address is _____

I, hereby certify that I have not received the check described above which the records of the Seneca Nation indicate was sent to me at the address indicated. I have no information about the disposition of this check. I request that the Seneca Nation stop payment on this check and issue a replacement check to me.

I, understand and agree that the reissued check will be the original amount less any fees (currently \$35) incurred by the Nation for facilitating my request.

I, agree to promptly report to the Seneca Nation Comptroller's Office if I should receive this check and to refund any duplicate payment.

If I attempt to cash the above mentioned check which I have requested stop payment, the Nation has the right to withhold future checks.

I have personal knowledge of the facts set forth herein and if called upon to testify, I could and would promptly testify as to the truth of the matters set forth herein. I declare under the penalty of perjury that the foregoing is true and correct.

Dated: _____ Signature of Payee: _____

Telephone # _____

THIS DOCUMENT MUST BE NOTARIZED

Notice: False statements made herein are punishable as a Class A misdemeanor, pursuant to Penal Law Section 210.45.