



Please note that no replacement check will be issued until at least 10 business days after the date of the check(s) listed below.

LOST/STOLEN CHECK AFFIDAVIT REQUEST FOR ISSUANCE OF A REPLACEMENT CHECK

I _____ of _____,
(Name) (Street Address)
_____, _____, _____, County of _____,
(City) (State) (Zip Code)

State of Kansas, being duly sworn depose and say that a check from the Kansas Payment Center, check number _____, issued on _____, in the amount of \$_____ to my order has not been received by me, nor do I have any knowledge as to its whereabouts. In consideration of the issuance and delivery to me of a replacement check in the like amount, I hereby agree that I will promptly surrender the check first described should such check ever come into my possession, custody, or control.

I understand that any willfully false statement or representation I make may subject me to prosecution as allowed under the Kansas Criminal Code.

(Affiant)

Subscribed and sworn before me on this _____ day of _____, _____.

(Notary Public)

Complete and return to the Kansas Payment Center, P.O. Box 750080, Topeka, KS 66675-0080. For questions, call **1-877-KPC-KPCC**.



Lost/Stolen Affidavit Multiple Checks List

Check #1 should be entered on actual L/S Affidavit, all checks thereafter should be listed on this page (below).

Check # - _____
Date Issued - _____
Amount - _____

Check # - _____
Date Issued - _____
Amount - _____

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