

**LOST/STOLEN CHECK AFFIDAVIT**

**Employee Name:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_  
(Last) (First) (MI)

**Client Company:** \_\_\_\_\_ **Client #:** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, being of age, do of my own personal  
(First) (Last)

knowledge make the following statements and declare them to be true. I reside at

\_\_\_\_\_  
(Street, City, State, Zip Code)

My paycheck dated \_\_\_\_\_, check number # \_\_\_\_\_, in the amount  
(Month, Day, Year)

of \$ \_\_\_\_\_, made payable to me by Elite Payroll Solutions was  LOST  STOLEN (see below).

Signed under the penalties of perjury this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For stolen checks only**

Then personally appeared before me, \_\_\_\_\_, who executed the foregoing affidavit.

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_



**A faxed copy of the affidavit is acceptable to place a stop payment.  
The original affidavit must be returned to Elite Payroll Solutions in order to reissue check.  
A \$35.00 stop payment fee may apply.**

**PHONE NUMBER**  
**(888) 654-8600**

**ELITE PAYROLL SOLUTIONS**  
**P.O Box 1097 – Palm City, FL 34991**

**FAX NUMBER**  
**(772) 283-9220**