



**Fire and Police Pension Association**  
5290 DTC Parkway • Greenwood Village, CO 80111  
(303) 770-3772 • (800) 322-3772  
fax (303) 771-7622 • www.FPPAco.org

## AFFIDAVIT FOR CHECK REPLACEMENT

Date (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payee, \_\_\_\_\_, was issued a check, number \_\_\_\_\_

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , in the amount of \$ \_\_\_\_ . \_\_\_\_ in payment properly due and

payable to him or her by the Fire and Police Pension Association. Payee hereby swears and affirms that he or she misplaced or failed to receive this check.

**Further**, the payee requests that the Fire and Police Pension Association issue a duplicate check in replacement of the lost check. Payee agrees that in the event the original check comes into his or her possession, he or she will immediately surrender the check to the Fire and Police Pension Association, uncashed. In the event it is later determined that the payee has cashed both the original and the duplicate check, the payee agrees to reimburse the Fire and Police Pension Association for the amount of the extra payment incurred, along with any collection or legal fees necessary to obtain reimbursement.

\_\_\_\_\_  
Payee's Full Legal Signature

\_\_\_\_\_  
Date

Social Security # XXX - XX -  (last 4 digits only)

Mailing  
Address \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### FOR NOTARY USE ONLY

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

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

\_\_\_\_\_  
Notary Public  
(seal)

### FOR FPPA USE ONLY

Stop payment made on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Bank Contact \_\_\_\_\_

Time \_\_\_\_\_ Reason \_\_\_\_\_

Reissue date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_ . \_\_\_\_

Approved by \_\_\_\_\_

Payroll Department

AFCR 6.20.15