



1400 Pelham Parkway South * Building 4, 11th Floor, Bronx, NY 10461 * Tel: (646)458-2802

NOTICE OF LOST / STOLEN CHECK

NAME OF PAYEE (Print or Type)	ADDRESS OF PAYEE
EMPLOYEE S.S.#	FACILITY
PAYROLL PERIOD	DATE OF CHECK
CHECK #	MICR #
GROSS AMOUNT	NET AMOUNT
Date loss/theft discovered	Date loss/theft reported
To whom loss/theft reported:	
How reported: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Personally	Was check endorsed?
Was check endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe circumstances of loss/theft in detail:	
If check was stolen, to which Police Department Precinct was it reported? Princinct: _____ Squad: _____	
Police Department Complaint #:	
REPORTED BY: Signature:	Title:
Printed name of person signing above:	Date this form was completed:

Below this line to be completed by Corporate Payroll Operations

Date Stop Payment placed with Bank	How reported: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> On Line
Date of Stop Payment Acknowledgment	Date new check issued:
Amount of new check	Check number of new check
Signature (Authorized CPO Staff member)	

LOST OR FORGED CHECK AFFIDAVIT

____ LOST

____ FORGED

State of New York
County of New York

I, _____, (employee/payee) being
duly sworn deposes and says:

That _____ is the payee
(name of payee)
of a certain check drawn by the New York City Health and Hospitals Corporation on
the Chase Manhattan Bank in the sum of _____
dollars(\$ _____) dated _____ / _____ / _____ and
(month) (day) (year)
bearing document (MICR) number _____

That if an endorsement has been made on the aforesaid check purporting to be the
endorsement of _____
(name of payee)
said endorsement is a fraud and a forgery and was not made or authorized to be made
by _____
(name of payee)

That I, _____, received no
(name of payee)
benefit nor any part of the proceeds of said check.

Signed: _____
(Employee/Payee)

THIS SECTION TO BE COMPLETED BY NOTARY:

SWORN BEFORE ME this _____ day of _____ 20