

NEW YORK CITY HEALTH & HOSPITALS CORPORATION

160 Water Street * Room 620 * NY, NY 10038 * ☎ (646)458-2738 * FAX (646)458-2720

LOST / STOLEN OR FORGED CHECK AFFIDAVIT

LOST/STOLEN
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 J.P. Morgan Chase Bank in the sum of _____
_____ dollars (\$ _____), dated
_____/_____/_____ and bearing document (MICR) number
(month) (day) (year)

_____. That if an endorsement has been made on the
aforesaid check purporting to be the endorsement of

_____, said endorsement is a fraud and a
(name of payee)

forgery and was not made by _____.
(name of payee)

That I, _____, received no benefit
(name of payee)
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 _____