

# Declaration of Stale Dated, Lost or Destroyed Check

## Instructions

Please complete the form and submit it to the Finance Office, Town of Hope Mills, 5770 Rockfish Road, NC 28348. You will be asked to provide proof of identification (picture ID) when you submit your completed paperwork. Any incomplete form(s) or form(s) with incorrect information will not be processed and a new form(s) will be required. Submissions without proof of identity will not be processed pending receipt of documentation and will delay the process. Please allow a waiting period of **10 business days** for the check(s) to be released.

I, \_\_\_\_\_, declare that:

I have been informed that a check/checks drawn by The Town of Hope Mills against its account maintained with Branch Banking and Trust (BB&T), was issued to: \_\_\_\_\_, as payee.

1) I am the legal owner or entitled to possession of said check(s) and the said check(s) has/have been

\_\_\_\_\_ stale dated \_\_\_\_\_ lost \_\_\_\_\_ destroyed and the facts as known to me are as follows:

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2) A \$25.00 Stop Payment Fee will be deducted from the reissue check.

3) I agree that for and in consideration of the re-issuance to me of a check/checks in lieu of the check(s) originally issued and subsequently lost or destroyed, I will indemnify and hold harmless The Town of Hope Mills against loss, damage, expense or any other liability which may be suffered by said Town, either directly or indirectly, by reason of the issuance of said duplicate check(s) or by the original instrument(s) still remaining outstanding.

4) Check(s) to be replaced:

Original Check Number	Original Check Date	Amount

5) I further agree that, if a new check is issued to me in lieu of the above listed stale dated, lost or destroyed check(s), and if above check(s) hereafter is placed in my possession, I will not negotiate, deposit or cash said check(s), but forthwith will deliver the same for cancellation to Finance Office, Town of Hope Mills, 5770 Rockfish Road, NC 28348.

6) I agree to reimburse The Town immediately for the amount(s) as indicated in the original check(s) if the check(s) is/are presented for payment by me. If I am currently an active vendor, I acknowledge that the total amount will be deducted from my next payable check for subsequent invoices.

7) Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that The Town issue a new check to me in lieu of the above listed check(s).

I certify (or declare) under the penalty of perjury under the laws of the State of North Carolina that the foregoing is true and correct.

Executed on \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Signature of declarant \_\_\_\_\_

\*Mailing address of declarant \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

\*Replacement check will be mailed to the address listed above.