

FORM AF1 - AFFIDAVIT OF LOST CHECK AND INDEMNITY BOND (SCHOOLS)

CHECK PAYEE NAME: _____

CHECK NUMBER: _____

CHECK AMOUNT: \$ _____

SCHOOL ISSUING CHECK: _____

SCHOOL MAILING ADDRESS: _____

Payee named above must complete the section below, have it notarized and return it to the above-named school, Attn: Financial Secretary.

By this Affidavit, I, the "Payee" named above, affirm under oath that I am the named payee of the check identified above, that I have not cashed or deposited the check identified above, and that I have never benefited and do not plan to benefit in any manner from said check. I further affirm that, to the best of my knowledge, the check identified above ("the original check") has been:

- _____ lost, misplaced or stolen before being delivered to me,
_____ received by me but has since been lost, misplaced or stolen,
_____ received by me but has since been destroyed,
_____ cashed by someone other than me, without my permission or endorsement.

I provide this sworn Affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check will be canceled. In consideration for the issuance of a replacement check, I agree that if the original check should ever come into my possession, I will not allow it to be cashed or deposited and I will deliver it immediately to the School District Financial Services Department. I further agree to forever indemnify and hold harmless the Winston-Salem/Forsyth County Board of Education against any and all losses or damages arising out of its issuance of a replacement check to me. **I acknowledge that if I deposit or cash the check listed above that I may be subject to prosecution, and that any amounts owed to me by the school district may be withheld to repay any and all amounts to which I was not entitled.**

WITNESS my hand and seal, this the ____ day of _____, 20__:

(SEAL)

Payee's Signature

Requesting replacement check?: ☐ YES ☐ NO

Street Address

City, State, Zip

Subscribed and sworn to before me

this the ____ day of _____, 20__.

Notary Public

My commission expires: _____

OFFICE USE ONLY:

Stop Payment Date: _____

Check Reissue Date: _____

Replacement Check No: _____

INSTRUCTIONS FOR AF 1 – AFFIDAVIT OF LOST CHECK AND INDEMNITY BOND

WHEN TO USE THIS FORM:

- o Affidavit forms are to be completed EVERY time that a “replacement” school check is to be issued to an individual or partnership. We do not require an Affidavit for larger businesses, companies and corporations, although it can be used for any replacement check if, in the opinion of the Principal or Financial Secretary, there is a possibility that the replaced check may be cashed and obtaining a refund may be difficult or problematic.
- o If the amount of the replacement check exceeds \$250, you MAY need to register a “stop payment order” with your bank. You are to use your judgment, since stop payment requests are expensive and sometimes unnecessary. Some factors you may wish to consider are:
 - o How likely is it that the check might be cashed later? If the check was destroyed, for example, there is no need to request a stop payment order.
 - o How expensive is the check? For example, if the check was lost or misplaced and the amount of the check was significant (say, \$1,000 or more), it may be worth it to place a stop payment order.
 - o How old is the check? Although banks are supposed to refuse to cash “stale-dated” checks, it still happens occasionally, and when it does, banks are often reluctant to refund the money to the “maker” of the check since it was a good instrument at one time and no “stop payment order” was issued.
- o The school may decide to issue a stop payment for amounts LESS than \$250, but any resulting bank charges must be paid from school funds, and not from central office funds.
- o Completed and signed AF 1 forms should be kept with the records supporting the reissued check, and must be made a part of the records available to auditors when they request your monthly bank reconciliation records.