

Autauga County Board of Education  
ACCOUNTING DEPARTMENT

**Request for Duplicate Check**

**NOTE: THIS FORM WILL NOT BE PROCESSED UNTIL 5 BUSINESS DAYS AFTER ORIGINAL CHECK DATE. DO NOT CASH ORIGINAL CHECK AFTER SUBMITTING REQUEST FOR DUPLICATE.**

Please return this form to Michelle Locke, Accounting Department, who will then notify the bank to stop payment on this check. After 24 hours, the bank will issue a confirmation of the stop payment, and a duplicate check will be issued to you.

CHECK NUMBER \_\_\_\_\_

NET AMOUNT \_\_\_\_\_

DATE OF CHECK \_\_\_\_\_

NAME OF PAYEE \_\_\_\_\_

VENDOR #, FED I.D.# or S.S.# \_\_\_\_\_

ADDRESS OF PAYEE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DO YOU WISH TO: \_\_\_\_\_ PICK UP THE REPLACEMENT CHECK

\_\_\_\_\_ MAIL REPLACEMENT CHECK TO  
ADDRESS ABOVE

I certify that the above check issued by the Autauga County Board of Education was mutilated, destroyed or lost. I hereby request that a stop payment be initiated, and a duplicate check be issued. I understand and acknowledge that fraudulently obtaining a duplicate check is unlawful.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

Office Use Only: Replacement Check # \_\_\_\_\_ Bank Account # \_\_\_\_\_