



KANSAS PAYMENT CENTER



Please note that no replacement check will be issued until at least 10 business days after the date of the check(s) listed below.

LOST/STOLEN CHECK AFFIDAVIT REQUESTING ISSUANCE OF A REPLACEMENT CHECK

I _____ of _____,
(Affiant's Legal Name) (Street Address)
_____, _____, _____, County of _____,
(City) (State) (Zip Code)

State of _____, being duly sworn depose and say that a check from the Kansas Payment Center,
check number _____, issued on _____, in the amount of \$_____ to
my order has not been received by me, nor do I have any knowledge as to its whereabouts. In
consideration of the issuance and delivery to me of a replacement check in the like amount, I hereby
agree that I will promptly surrender the check first described should such check ever come into my
possession, custody, or control.

I understand that any willfully false statement or representation I make may subject me to prosecution
as allowed under the Kansas Criminal Code.

(Affiant's Signature)

Subscribed and sworn before me on this _____ day of _____, _____.

(Notary Public)

Complete and return to the Kansas Payment Center, P.O. Box 750080, Topeka, KS 66675-0080. For
questions, call 1-877-KPC-KPCC.