



CHECK REPLACEMENT-AGREEMENT
OFFICE OF STATE TREASURER
 SFN 2025 (11-2021)

Office of State Treasurer Use Only

Journal Number	Date
Check Reissue Number	Date of Reissue

Department	Department Number	Original Check Number	Check Date
Check Amount	Reissue Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Payable To	

Name and Address of Payee

Read instructions before completing the Agreement for a Lost or Destroyed State of North Dakota check.

AGREEMENT

I hereby state that the above-described check has never been presented by me for payment, not transferred to any other person or persons, and the check is believed to have been lost or destroyed. I hereby request the Office of State Treasurer to issue a duplicate check.

If the original check alleged to have been lost or destroyed shall come into my possession, or under my control, I shall immediately return the check to the Office of State Treasurer for cancellation. If the original check is at any time cashed, or presented in person to the Office of State Treasurer by me, or transferred to another by me and results in a loss to the Office of State Treasurer, I shall promptly reimburse the Office of State Treasurer for any loss.

Print Name of Payee
Signature of Payee

INSTRUCTIONS

A Stop Payment Order has been issued on this check. Read the Agreement carefully then sign it.

When we receive the signed Agreement a duplicate check will be issued and sent to you.

In the event you recover the check, advise our office (Office of State Treasurer) immediately so we may release the Stop Payment Order which is now in effect.

DO NOT cash the original check without first notifying our office at (701) 328-2643.

Office of State Treasurer

Authorized Signature
Date

Mail, email, or fax signed Agreement to:

Office of State Treasurer
 State Capitol
 600 East Boulevard Avenue, Dept. 120
 Bismarck, ND 58505-0600

Email: treasurer@nd.gov
 Fax: (701) 328-3002