



Clerk of the Court and Comptroller of Miami-Dade County
Comptrollers Finance Operations Department
Attn: Accounts Payable
111 N.W. 1st Street, Suite 2620
Miami, FL 33128-1980
Office: (305) 375-5111

Vendor Lost/Stale Dated Check Replacement Affidavit

Instructions: Complete the fillable form, print, sign with pen-and-ink, notarize, and mail the original to address shown above. Electronic versions are accepted only when **no change** is requested from the original issued check and must have handwritten signatures.
Email electronic versions to: fin-ug@miamidade.gov

I, _____, on behalf of _____ whose address is,
(Print name of Individual or Legal Representative-POA required) (Corporation or Individual Name if applicable)

_____,
(Address) (City) (State) (Zip)

I am/we are the legal and beneficial owner(s) of a _____
(Name of the Entity who issued the check)

check number _____ issued in the sum of \$ _____ on _____, 20____
(Check Number) (Amount on Check) (Date Check was issued)

and that this check has been (please check one):

☐ lost ☐ not been received ☐ stale dated

and that _____ has not received a subsequent payment for the same goods
(Individual Name or Corporation Name)

and services. In consideration of the loss of the above noted check number, a replacement check in the same amount is being requested to be issued to _____.
(Individual Name or Corporation Name)

I am/we are fully aware that if the original check for which this replacement check is drawn should ever be paid to me/us; I/we will be obligated to pay to the above mentioned Entity who issued the check the sum of \$ _____.
(Amount on Check)

I/We understand that if the lost check is found or presented to me/us, that **I/we must write VOID on the check and return the check to:**

Clerk of the Court and Comptroller of Miami-Dade County
Comptroller Finance Operations Department
Attn: Accounts Payable
111 N.W. 1st Street, Suite 2620
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INDIVIDUAL (if applicable):

Signature: _____

Printed name: _____

Date: _____

Telephone Number: _____

OR

CORPORATION OR OTHER LEGAL ENTITY (if applicable):

Name of Corporation or entity: _____

EIN (if applicable): _____

Signature: _____

Print Name: _____

Date: _____

Title: _____

Telephone Number: _____

Email: _____

(Notary Public)

Please take notice that the payee (or his/her legal representative) and notary are to sign and date the document on the same date. Otherwise, the form may be rejected in accordance with state law requirements for notarization. Notarization is not required for reissuances of checks under \$25 or when no changes are requested from the original issued check.

State of _____

County of _____

The foregoing affidavit was signed before me this _____ day of _____, 20_____.

I have verified the identity of the above signor by:

☐ Personally known to me

☐ Produced Identification

Type of ID: _____

ID Number: _____

My commission expires: _____

Notary Public in the State of _____

Notary signature: _____

Stamp seal here

Notary Name: _____

Pursuant to F.S. 117.05, a notary public seal shall be affixed to all notarized paper documents. It shall be of the rubber stamp type and shall include the words "Notary Public-State of Florida", the name of the notary public, the date of expiration of the commission of the notary public, and the commission number. The rubber stamp seal must be affixed to the notarized paper document in photographically reproducible black ink.

(For official/office use only)

Document Reviewed by:

Name: _____

Signature: _____

Date: _____

Document has been reviewed to verify that all required fields have been completed with accurate information in accordance to our records and the document has been properly notarized.

If document is not signed by the original payee or a representative of the corporation to whom the original check was issued, then additional review and signature of a supervisor is required. The supervisor will ensure supporting documentation evidencing that the signor is a legal representative of the payee or entitled to the payment instead of the original payee.