

REPLACEMENT CHEQUE REQUEST

Please complete, print and submit this form to Student accounts at finance@uOttawa.ca, by mail or in person at 550 Cumberland, Tabaret Hall, Room 021, Ottawa, ON, K1N 6N5.

SURNAME		GIVEN NAMES		STUDENT NUMBER
NUMBER AND STREET		CITY		
ADDRESS	PROVINCE	COUNTRY		POSTAL CODE

I request the replacement of my cheque for the following reason(s):

- I never received the original cheque.
- The original cheque was destroyed or lost.
- The original cheque is stale dated.
- Other reason: _____

Original cheque amount: \$ _____

- I would like a replacement cheque sent to my postal address as indicated in my student file.
- I would like to leave the financial credit in my student account.

I declare that I have not received, nor endorsed, nor authorized anyone to endorse on my behalf the original cheque issued by the University of Ottawa in my name, nor have I received any financial advantage from this cheque either directly or indirectly.

I agree to immediately return this cheque to Student Accounts in Tabaret Hall, Room 021 if at any time it should come into my possession. I also agree to reimburse and compensate the University for any loss incurred by it if, through any fault of mine, this cheque is cashed. I understand that Student Accounts will post the amount to my student account.

_____ DATE _____ SIGNATURE _____

FOR OFFICE USE ONLY	
Address confirmed <input type="checkbox"/>	Cheque N°: S _____
Date issued: ____ - ____ - ____	
Term: _____	
Amount: \$ _____	
Status: Outstanding <input type="checkbox"/>	Cashed <input type="checkbox"/> Cancelled by: _____
Accounting confirmation date (bank/banner): ____ - ____ - ____ By: _____	
Credit applied by (Signature): _____	