



Yeshiva University

Affidavit of Lost Check and Indemnification Agreement

To: Yeshiva University
Payroll Services
500 West 185th Street
New York, NY 10033
Phone: 646-592-4320 Fax: 212-960-0887

I CERTIFY UNDER PENALTY OF PERJURY THAT:

The following check issued by Yeshiva University, on its bank account with JPMorgan Chase, New York, NY was not received by me and I verify that it has been lost, stolen or destroyed.

- A) Date of Check: _____
- B) Amount of Check: _____
- C) Payable to the Order of: _____
- D) Check Number: _____

I did not, nor did anyone with my authority, express or implied, receive, submit for payment, endorse or deliver said check to anyone.

I agree that I will indemnify Yeshiva University and save it harmless against any and all causes of action, claims, costs, damages, demands, expenses, judgments, attorney's fees or liabilities of any nature or kind whatever arising from, out of or in any way related to the original check, the issuance of a replacement check, or the paying or crediting the amount of the original check, without it surrender, whether or not the same was caused by, based on or arose out of Yeshiva University's or its employees' or agents' inadvertence, accident or neglect. If, for any reason, Yeshiva University incurs any such costs, damages, expenses, judgments or attorney's fees or if the University is charged for said check, I agree to pay the amount due for such costs, damages, expenses, judgments or attorney's fees and/or the charged amount.

PAYROLL SERVICES

P: 646-592-4320 F: 212-960-0887 payrollservices@yu.edu www.yu.edu

Wilf Campus 500 West 185th Street, Belfer Hall, New York NY 10033



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DATED AT _____ THIS DAY OF _____ 20 _____

Signature of Employee _____

Name (Please Print) _____

Address _____

Sworn to before me this _____ day of _____ 20 _____

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