



Lost or Expired Check Form

Please send completed form to Student Billing, Thompson's University Center:
By Mail: PO Box 3237, Eugene OR 97403; Fax: 541-346-6049; Email: stubills@uoregon.edu

Payee Information (Person Check is Payable to)

UO ID Number: _____

Name: _____
Last First Middle

Street Address: _____

City State Zip Code

Email: _____ Phone: _____

Check Information

Check Date _____ Check Number _____ Check Amount _____

Delivery of Replacement Check (please check one):

- Mail Direct Deposit (Students Only – Registration Required Via Duckweb)

Payee Declaration

I am the lawful Payee of the University of Oregon check referred to above.

The refund check was from a Deposit, Overpayment, or Financial Aid.

I understand that if the original check is recovered, it must be returned immediately to the Student Billing Office.

The check **has not been cashed**, and is:

- Lost Stolen Destroyed Expired (please check one)

Signature of Payee Date

Office Use

	Name	Signature	Phone	Date
Student Billing Officer				
Accounts Payable Officer				