



2001 Central Park Avenue Yonkers, New York 10710
(O) 212-629-3131 (F) 212-594-2008

MISSING CHECK FORM

Date: _____

I, _____ request Elite Investigations to issue me a replacement check to replace my Elite pay check that was issued on _____ for pay week _____ to _____, which I believe is lost or stolen. I have not authorized anyone to take possession of my paycheck nor authorized anyone to cash my check issued on _____. If I do recover the paycheck whether I cash the replacement check issued or not, I will return the original paycheck to Elite immediately.

If evidence uncovered that the check issued in my name was stolen and cashed than I will cooperate with Elite in any civil or criminal action initiated by Elite immediately to prosecute the perpetrator and / or to recover the full monetary value of the paycheck issued on _____. If the check is not recovered and is not cashed, I authorize Elite to place a stop payment on the check.

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Print Name

Employees Signature

Check # _____

Check Date: _____

Submitted on: _____