CHECK # _____

AMOUNT _____
CHECK

CYCLE _____ DATE_____

BANK _____INFIN _____

REPLACEMENT CHECK REQUEST / VOID

TO THE EMPLOYEE: Please fill in as much information as possible, sign the bottom and return to Payroll at mail stop 2061-M or fax (937) 366-3132. After confirmation that your check has not been cashed, it will be canceled at the bank. You will be issued a replacement check after a minimum 48-hour waiting period for bank confirmation. If the missing check has been cashed, you will be contacted with further information and instructions.

Dept _____ ID# _____Name _____

My check dated _____ for $_____ (amount) was:

☐ lost ☐ stolen ☐ destroyed ☐ damaged ☐ never received from supervisor
☐ never received from US mail ☐ other _____

I request that: ☐ this check be reissued with the normal payroll cycle
☐ this check be replaced as soon as possible

I have not received the proceeds from the above check, nor any part thereof, directly or indirectly. If I receive the original check, I will not cash it and will return it to payroll (mail stop 2061-M.) If I do cash the original check, I will be liable to the company for the amount of the check and any resulting charges, and I authorize ABX Air to deduct that amount from any subsequent pay.

_____ _____ _____
Employee Signature Date Time

_____ _____ _____
Supervisor or Payroll Signature Date Time

PAYROLL USE ONLY

Notes _____

_____

_____

BANK

IF OUTSTANDING ☐ MANUAL VOID - DATE _____ BY _____

OR ☐AUTO VOID ON NEXT PAY CYCLE , PROBABLY _____

IF CASHED: AFFIDAVIT _____

INFINIUM

REPLACED CYCLE _____ DATE_____ # _____

and SENT TO: _____

VOID CYCLE _____ DATE _____