

Original Letter - Notification of Uncashed Check

RE: Refund Type: xx  
Check No.: xxxxxx  
Issue Date: xx/xx/xx  
Amount: \$xxx.xx  
Payee: xxxxx xxxxxx

To Whom It May Concern:

Our records indicate that the above referenced check was issued to you and has not been cashed. IF YOU HAVE THIS CHECK IN YOUR POSSESSION, **PLEASE CASH IT IMMEDIATELY.**

If you have lost the check or never received it, please read, sign and date the statement below and return this entire page as soon as possible, but **no later than XXXXX**. We will then issue a replacement check and mail it to you at the address shown above within 30 – 45 days of receipt of this application. If you are requesting a replacement check and the above address is incorrect, please make the appropriate changes and be sure to return this entire letter.

If the replacement check is not cashed **by December 30, 20XX**, it will be considered abandoned property and shall be turned over to the Office of Unclaimed Funds (OUF). After March 10, 20XX to claim these proceeds from the Office of Unclaimed Funds, you will need to contact OUF and provide the check information listed above.

Insert Agency Name and  
Name of Agency  
Official

To the best of my knowledge the above described check # xxxxxx was not received or cashed by me. In consideration of the issuance of a replacement check payable as originally drawn, if I/we have not done so already, I/we agree to surrender the original check to the **[INSERT AGENCY NAME]** should the original check at any time hereafter come into my/our possession or control, and I/we further agree to reimburse the State of New York for any loss or damage by reason of the issuance of the replacement check for which application is made herein.

I/we herby affirm the above to be true under the penalties of perjury.

\_\_\_\_\_  
Signature of Applicant(s) or Representative

\_\_\_\_\_  
Date

For check replacement, mail completed letter to:

**RETURN THIS ENTIRE LETTER**

Insert Agency Name  
and Mailing Address