



## Unclaimed/Uncashed Check Reissue Form

Cochrane Cooperative Telephone Company ("CCT") records show that the following check has not been cashed as of the date of my signature referenced below.

Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

I, \_\_\_\_\_, certify that this check has been lost or destroyed and agree that should the original check ever be found or recovered, it shall be turned over to CCT without any claim to those funds. It is also further understood that should this check be cashed I, the above-named individual, shall be held responsible for reimbursement of the funds to CCT. It is also further understood that by acknowledging the above statement and after receipt of this form being properly completed, a new check will be issued. Finally, I agree that upon receipt of the reissued check that I will promptly cash the replacement check to avoid any misplacement of the replacement check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness

\_\_\_\_\_  
*Office Use Only:*

Reissued Check Number: \_\_\_\_\_ Reissued Check Amount: \_\_\_\_\_ Reissued Check Date: \_\_\_\_\_

Reissued Check Payable to: \_\_\_\_\_

Check Reissued By: \_\_\_\_\_