

By E-mail:

bursar@niu.edu (preferred)

LOST, MISLAID OR NEVER RECEIVED CHECK

OFFICE OF THE BURSAR

Phone: (815) 753-1885 FAX: (815) 753-0491

STUDEN	IT NAME (LAST, FIRST MIDDLE)	(<u>)</u> - PHONE NUMBER	8-DI0	GIT STUDENT ID	_
MAILING A	Address:				
STREE	Т	APT. #			
CITY		STATE ZIP			
	ddress above is not correct, please u				ds, sign
		· · ·			
CHECK:	# DATE ISSUED	AMOUNT			
NIU to pl	st of my knowledge, I have not rece ace a stop payment order on said ch outstanding allowable charges on	neck and issue a replacement my MyNIU account.	nt check after	applying any e	excess
already, I any time	eration of the issuance of a replacer agree to surrender the original check hereafter come into my possession y for any loss or damage due to the	ck to Northern Illinois Uni or control. I further agree	versity should to reimburse	l the original che	ck at
I hereby a	affirm the above to be true under the	e penalties of perjury.			
Signature	Matthew Warner		Date	04/15/2025	
RETURN TI	HE COMPLETED FORM:				
By Mail:	Office of the Bursar Northern Illinois University 1425 W. Lincoln Highway DeKalb, Illinois 60115-2828	In Person:	Bursar Office NIU – DeKal Swen Parso Room 210	b Campus	

By FAX:

(815) 753-0491