

**AFFIDAVIT FOR REISSUE OF UNCLAIMED FUNDS
or ISSUE OF CREDIT BALANCE UNCLAIMED FUNDS**

STATE OF _____ Current Address: _____

COUNTY OF _____ 850# _____

_____ (name of affiant/payee) being first duly sworn, deposes and says that credit balance or check numbered _____ for \$ _____ dollars, dated _____, issued by **UNIVERSITY OF NORTH CAROLINA WILMINGTON**, an agency of the State of North Carolina and drawn on the State Treasurer, and made payable to the order of this affiant,

- _____ has not been received by this affiant,
- _____ has been received by this affiant but has since been stolen or lost,
- _____ has been received by this affiant, but has since been destroyed,
- _____ has been examined by me and the first endorsement is not mine,

Also, that affiant did not cash the check or receive the credit and has never benefited in any manner from said check or credit; that this affiant seeks to have the State of North Carolina replace said check or issue the credit balance and,

In Consideration of the issuance of the funds, as a replacement, by the State of North Carolina, I the undersigned, am held and firmly bound unto the State of North Carolina in the amount equal to the sum of the warrant/check involved herein, to be paid to the State of North Carolina, to the payment whereof, well and truly to be made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors or administrators, shall at all times save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time to the State of North Carolina, or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate check or credit balance in replacement of the check or credit balance herein above described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect. (This means that if you receive it twice, you must return the duplicate payment)

WITNESS my hand and seal, this the _____ day of _____, 20__

_____(Printed Name)

_____(SEAL)

Affiant Signature (**Sign in the presence of the Notary**)

This section is for the Notary Public

Subscribed and sworn to before me

This the _____ day of _____, 20__.

Notary Public

My commission expires: _____