

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
REPORT OF CHECK EXCHANGE**

Agency _____ Dept/Div. Code _____ Date _____

Fiscal Officer _____ Telephone # _____

Due to Death of Payee, I request a check exchange for:

Payee Name (from check): _____

Check No: _____ Check Date: _____

Agency Batch No.	Voucher No. From Check Stub
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Amount of check returned to Agency or Treasury: \$ _____

Please issue a check to the following:

Payee _____
 Address _____
 City _____
 State _____ Zip Code _____

IMPORTANT NOTE – This request of check exchange can only be approved if this form is accompanied by a Next of Kin Affidavit (Form AC934) and Certificate of Death.

Note: Exchange checks will be mailed to the payee using the address provided above. If remittance information must also be sent to the payee, then State agencies must submit this information together with this form and we will mail these directly to the payee together with the exchange check **OR** agencies may mail this remittance information directly to the payee with a notice that the check will be mailed under separate cover.

For internal control reasons, exchange checks will not be returned to State agencies.

AGENCY APPROVAL	OSC APPROVAL
Print or Type Name: _____	Print or Type Name: _____
Signature _____	Signature _____
Date _____ Tel No _____	Date _____ Tel No _____