Affidavit of Lost Check and Indemnification Agreement

To: Albert Einstein College of Medicine  
Payroll Services  
1300 Morris Park Ave. Suite 1203  
Bronx, NY 10461  
Phone: 718.430.3170 Fax: 718.862.1871

I CERTIFY UNDER PENALTY OF PERJURY THAT:
The following check issued by Albert Einstein College of Medicine, on its bank account with JPMorgan Chase, New York, NY was not received by me and I verify that it has been lost, stolen or destroyed.

a) Date of Check: __________________________

b) Amount of Check: __________________________

c) Payable to the Order of: __________________________

d) Check Number: __________________________

I did not, nor did anyone with my authority, express or implied, receive, submit for payment, endorse or deliver said check to anyone.

I agree that I will indemnify Albert Einstein College of Medicine and save it harmless against any and all causes of action, claims, costs, damages, demands, expenses, judgments, attorney's fees or liabilities of any nature or kind whatever arising from, out of or in any way related to the original check, the issuance of a replacement check, or the paying or crediting the amount of the original check, without it surrender, whether or not the same was caused by, based on or arose out of Albert Einstein College of Medicine or its employees' or agents' inadvertence, accident or neglect. If, for any reason, Albert Einstein College of Medicine incurs any such costs, damages, expenses, judgments or attorney's fees or if the University is charged for said check, I agree to pay the amount due for such costs, damages, expenses, judgments or attorney's fees and/or the charged amount.
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DATE AT THIS DAY OF 20

Signature of Employee

Name (Please Print)

Address

Sworn to before me this day of 20