



Albert Einstein College of Medicine

Lost Check Affidavit 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 Bank of America, 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 Einstein 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____
