

Replacement Check Request Form

To: Northfield Park

I _____ request a replacement check for a lost/misplaced check number
_____ dated _____ payable to _____ in
the amount of _____.

If check number _____ is found, I will **VOID** it and return it to the accounting department of Northfield Park Associates and will not attempt to cash said check. I also understand a \$35.00 stop-payment fee for **each** lost/misplaced check will be deducted from the reissued check.

Signature _____ Date _____

***Please sign, date and return this request by mail to Northfield Park, PO Box 374, Northfield, OH 44067 attn: Horsemen's Bookkeeper, or by fax to (330) 468-8975, or by hand to Northfield Park switchboard.**

Northfield Park will not stop-pay and reissue checks without this request