

- Check
- Direct Deposit

**Arkansas State University  
Finance and Administration  
Vendor Affidavit Form**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

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This is to certify that I did not cash nor receive any of the proceeds from the check identified below. Further, I did not authorize anyone else to cash this check for me.

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Amount \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Subscribed and sworn before me on this date: \_\_\_\_\_

Place Stamp Here

Notary Public Signature \_\_\_\_\_

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In order to reissue the check, please complete this form. It must be signed by a notary public and returned to the following address:  
Arkansas State University, Accounts Payable, PO Box 850, State University, AR 72467.