



EMPLOYEE AFFIDAVIT FOR REPLACEMENT CHECK

I, AVA DAVIS , request a check be reissued to me for the following reason:

- Check was never received
- Check was received but lost after receipt
- Check was received but stolen after receipt
- Check was received, but damaged after receipt

I hereby requests that the check for the work period 05/16/2019 - 05/16/2019 in the amount of \$ 193.01 check voided: (Check No. 66439785)

Payee Name : AVA DAVIS

Social Security No. or Federal ID # : _____

Address : _____

City, State, Zip : _____

Telephone : _____

Email Address: _____

Show/Production Name : PVALLY - Starz Valley Productions LLC

Special Instruction : _____

I understand if the original check is located, I will not cash or deposit it, and will immediately mail the original check back to Entertainment Media Specialists Inc. at the address shown below. If I receive the original check and cash or deposit it, I agree to reimburse the payroll company for the amounts or fees if incurred to pay such check, and I expressly authorize payroll company to make deductions from any future paychecks due to me for such reimbursement.

I understand there is a **\$25 FEE** for a replacement check, and that it may take up to **14 DAYS** to process, mail, and deliver the reissued payment.

This form will not be processed unless it is **completely** filled out and signed by either the employee or their agent. If the agent is signing, they must attach a copy of the agreement granting the agent authority to sign on employee's behalf. **The new check will be mailed to payee's address above, unless different instructions are specified.**

I declare under penalty of perjury under the laws of State of California that foregoing is true and correct.

I understand that there is a \$25 fee for a replacement check and that it may take up to **14 DAYS** to process, mail, and deliver the reissued payment.

Signature

Date

PLEASE MAIL OR FAX THIS FORM TO:
Entertainment Media Specialists, Inc.
15910 Ventura Blvd Suite 720
Encino, CA 91436
FAX: (818) 386-9341
ATTN: Reissue Department

For office use only : Received by _____ Date Received : _____
 Gave to Accounting : _____ Date : _____
 Reissue approved by : _____ Date : _____