REQUEST TO REISSUE CHECK

Name ____________________________  DOC number  ____________________________  Current location ____________________________

Check number: ____________________________  Date of check: ____________________________  Amount: ____________________________

Payee on check: ________________________________________________________________

Check created at facility: __________________________________________________________

This information is on your statement.

I verify that I did not receive any goods or services from the check issued above. I also consent to have funds withdrawn from my account in the amount of the check if the check is ever presented for payment. If I do not have funds available on my account, I acknowledge a debt will be created for the amount of the check.

________________________________________  Date______________________________

Signature  ______________________________________________  Date______________________________

Witness name  ____________________________  Signature  ____________________________  Date______________________________

Job title  ____________________________  Phone number  ____________________________

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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