

REISSUE AGREEMENT FOR LOST OR DESTROYED CHECK

I, \_\_\_\_\_, state and agree as follows:

1. I am the payee of the Edinburg CISD check number \_\_\_\_\_  
In the amount of \$, \_\_\_\_\_.
2. That said check, although delivered and received by me, has been lost or stolen OR was mailed to me and was never received by me.
3. This Agreement Is made for the purpose of inducing the authorized personnel of Edinburg CISD to Issue and deliver to me a new check.
4. In consideration of the Issuance of the new check, I hereby agree that in the event the lost check is found, said lost check shall immediately be delivered to Edinburg CISD for cancellation.
5. I further agree that I, my heirs, successors and assigns, shall at all times indemnify and hold harmless Edinburg CISD from and against any and all claims, suites, and loss of any kind, including attorney's fees and expenses of every nature resulting from or relating to the loss of the above stated check or the issuance of the newly requested check.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Payee of check

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number