

AFFIDAVIT AND INDEMNITY BOND

STATE OF North Carolina

COUNTY OF Scotland

_____, (*name of payee/affiant*) being first duly sworn,

deposes and says that check(s) numbered _____ for \$ _____, (*check amount*) dated _____, (*check date*) issued by _____

_____ (*name of school*), an agency of the State of North Carolina and made payable to the order of this payee/affiant,

_____ has/have not been received by this affiant,

_____ has/have been received by this affiant but has/have since been stolen or lost,

_____ has/have been received by this affiant, but has/have since been destroyed,

_____ has/have been examined by me and the first endorsement is not mine,

and that I did not cash the check(s) and have never benefited in any manner from said check(s); that this affiant seeks to have _____ (*name of school*) replace said check(s). In consideration of the issuance of the replacement check(s) by _____

_____ (*name of school*), I the undersigned, am held and firmly bound unto _____ (*name of school*) in the sum of \$ _____ (an amount equal to the sum of the check(s) involved herein), to be paid to the _____

_____ (*name of school*), to the payment whereof, well and truly to be made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors of administrators, shall at all times save harmless and keep indemnified

_____ (*name of school*) against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at anytime to _____ (*name of school*), or any agency thereof,

arising out of and by reason of the issuance to the undersigned of the duplicate check(s) in replacement of the check(s) hereinabove described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

WITNESS my hand and seal, this the _____ day of _____, 20_____.

Social Security #

Payee/Affiant

Subscribed and sworn to before me

this the _____ day of _____, 20_____.

_____, Notary Public

My commission expires _____.

(Official Seal)