



6615 Passons Boulevard•Pico Rivera, CA 90660-1016  
P.O. Box 1016•Fax (562) 949-7506  
Administrative Services (562) 801-4392

**AFFIDAVIT OF PAYEE: ISSUED CHECK**  
COMMERCIAL BANK OF CALIFORNIA

I, \_\_\_\_\_, the undersigned, declare that the COMMERCIAL BANK OF CALIFORNIA check issued by the City of Pico Rivera as Check No. \_\_\_\_\_ dated \_\_\_\_\_ payable to \_\_\_\_\_ in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_) was (lost, stolen, destroyed, etc.). I declare under penalty of perjury that the aforementioned statement is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

The replacement check will be issued approximately ten (10) business days after the date of the stop payment.

**FOR OFFICE USE ONLY**

Date stop payment issued: \_\_\_\_\_

By: \_\_\_\_\_ (City)

Confirmation # \_\_\_\_\_

Expiration: \_\_\_\_\_