

UNCLAIMED-UNCASHED CHECK REISSUE FORM

Our records show that check number _____, in the amount of \$_____, has not been cashed. This check dated _____, by Tri-County Communications Cooperative was issued to you for _____. If you have this check in your possession, please cash it immediately. In the event that this check has been lost, please complete the form on the bottom of this page and return it in the enclosed envelope. After you do this, we will issue a new check to you, and stop payment on the old check.

Sincerely,

Cheryl D. Rue, C.E.O.
Tri-County Communications Cooperative, Inc.

To certify that a check issued to _____, by Tri-County Communications Cooperative dated _____, check number _____, has been lost or destroyed. If this check should ever be found or recovered it shall be turned over to Tri-County Communications Cooperative, Inc., without any claim attached, thereto. It is understood that after this form is properly signed and witnessed, a new check will be issued.

Dated _____

Signed _____

Address _____

Phone # _____

Witness _____



FORMULARIO DE REEMISION DE CHEQUE NO RECLAMADO Y NO COBRADO

Nuestros registros indican que el cheque número _____, por la cantidad de \$_____, no ha sido cobrado. Este cheque con fecha de_____, por Tri-County Communications Cooperative fue emitido a usted por _____. De tener este cheque en su posesión, por favor cámbielo inmediatamente. En caso de que este cheque se haya perdido, favor de completar la forma el final de esta página y devolverla en el sobre adjunto. Después de hacer esto, emitiremos un cheque nuevo a usted, y detendremos el pago del cheque anterior.

Atentamente,

Cheryl D. Rue, C.E.O.
Tri-County Communications Cooperative, Inc.

Para certificar que un cheque emitido a _____, por Tri-County Communications Cooperative con fecha de _____, numero de cheque _____, se ha destruido o perdido. Si este cheque alguna vez se encuentra o recupera se entregará a Tri-County Communications Cooperative, Inc., sin ningún reclamo adjunto, a el mismo. Se entiende que después de que este formulario este debidamente firmado y atestiguado, se emitirá un nuevo cheque.

Con fecha de: _____

Firmado _____

Dirección _____

Teléfono _____

Testigo _____



417 5th Avenue North, Strum, WI 54770