



**LANI**

**Loan Administration Network, Inc.**

**Fax to LANI:**  
Fax 949-606-8225

### Request for Replacement Check

To: Loan Administration Network, Inc.

Address: 18952 MacArthur Blvd., #100  
Irvine, CA 92612

This is to advise that my check for week ending \_\_\_\_\_ has not been received or has been lost.

I am hereby requesting that a stop payment be placed on the above check and a second check disbursed to me as follows:

( ) I will come into your office to pick up the check when it is ready.

( ) Please mail the check to my current address shown below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event the check I lost or which was not received is cashed by me or someone that is known to me, I understand and agree that I will be personally responsible for the amount of the check and will reimburse Loan Administration Network, Inc. immediately for the full amount of the check. I understand and agree that any attorneys' fees, collection fees, or legal fees which are incurred by Loan Administration Network, Inc. in seeking reimbursement shall be paid by me.

Name (Please print): \_\_\_\_\_

Signed by: \_\_\_\_\_

Dated: \_\_\_\_\_

(For Office Use Only)			
WFB # _____	Run Date: _____	Ck. # _____	Net Amt. \$ _____
Stop Date: _____	WFB Name: _____	Ref. _____	