



DECLARATION OF LOSS

(Claim to Lost, Stolen or Destroyed Cashier's Check)

Name: _____

Account #: _____

Local 804 Federal Credit Union is hereby directed to attempt to stop payment on the following check:

Check #: _____ Amount: _____ Date Issued: _____

Payee: _____

.....
Under penalty of perjury, I declare that:

- I have lost possession of the check; and
- the loss of possession was not the result of a transfer by me or lawful seizure of the check; and
- I cannot reasonably obtain possession of the check because (check one):
 - the check was destroyed.
 - the check is lost.
 - the check was stolen.

.....
INDEMNITY AGREEMENT

I acknowledge that the item has not been delivered to any payee(s).

I understand that Local 804 Federal Credit Union may not be able to resist payment on the above described item.

I understand that there is a 7-10 business days waiting period before I can receive a replacement or refund for this item.

I understand that if this claim is paid and the check is later presented for payment, I am obliged to refund the payment to Local 804 Federal Credit Union if the credit union is required to honor the check.

I understand that I must reimburse Local 804 Federal Credit Union for all expenses and costs it incurs as a result of not honoring the check or a result of my lack of prompt reimbursement of the payment to the credit union if the check is honored.

Signature: _____

Date: _____