

**Affidavit and Indemnity Agreement
 Lost, Stolen or Destroyed Cashier's Checks**

CLAIMANT INFORMATION

Member Name:	Member Number:
Check Number:	Date of Check:
Dollar Amount:	Payee on Check:
Daytime Number:	Cell Phone Number:

DECLARATION OF LOSS

I, the undersigned member of CSE Credit union, certify and declare under penalty of perjury, that I don't have possession of the above-referenced check. This loss of possession was not the result of a transfer by me or a lawful seizure of the check. I cannot reasonably obtain possession of the check because (check applicable box).

- The check is lost.
- The check was destroyed.*
- The check was stolen from my possession.
- The check is otherwise in the wrongful possession of an unknown person.
- The check is in the wrongful possession of the following person who cannot be found: _____

*If the check has been damaged or mutilated, CSE Credit Union, at its option, may require presentation of the damaged or mutilated item.

REQUEST FOR PAYMENT

I request payment of the amount of the check by CSE Credit Union in the form of (check one):

- Replacement check
- Deposit into my share account # _____

TERMS AND CONDITIONS

I request that CSE Credit Union stop payment on the above-referenced check and further agree to indemnify and hold CSE Credit Union harmless from and against any and all claims, demands, actions, causes of action, liabilities, and obligations, including defense costs and attorney fees, associated with a stop payment order being made on said check for my benefit.

I understand that if the original check is presented for payment by a person entitled to payment prior to the 90th day after the original check was issued, CSE Credit Union may be required to pay the item.

I understand that CSE Credit Union is not required to issue a replacement check or refund for 90 days. If the Credit Union accommodates a replacement check or refund sooner than 90 days, and the check is later presented for payment by a person having the rights of a holder in due course, I agree to promptly refund to CSE Credit Union the entire payment made to me, and understand it will be withdrawn from my account.

I understand that knowingly making a false statement to CSE Credit Union may constitute a criminal offense under federal and/or state statutes, which offense may be punishable by fines and/or imprisonment. I have read and understand this agreement, declare that it is true and correct, and sign it voluntarily under penalty of perjury.

I understand that a fee of \$5 will be deducted from my account.

X

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Member Signature

Date

FOR CREDIT UNION USE ONLY

Enforceable Date of Claim: _____ (**Claim becomes enforceable 90 days following the date of the check).			
Date Received: _____	Teller #: _____	Fee Charged: _____	Stop Payment Placed: _____
Funds returned to account: _____	Replacement Check Issued: _____	Teller # _____	Date: _____