

**DECLARATION OF LOSS & CLAIM FOR REIMBURSEMENT  
CASHIER'S CHECK  
FEE: \$15.00**

|   |                             |
|---|-----------------------------|
| <b>CHECK TYPE:</b> <input type="checkbox"/> Cashier                 | <b>DATE OF CHECK:</b> _____ |
| <b>CHECK NUMBER:</b> _____  | <b>AMOUNT:</b> _____        |
| <b>PAYABLE TO:</b> _____  | <b>REMITTER:</b> _____      |
| <b>FIRSTENT ACCOUNT #</b> _____<br><small>[WHEN APPLICABLE]</small> | <b>ADDRESS:</b> _____       |
| <b>DECLARANT'S NAME:</b> _____                                      | _____                       |
| <b>BUSINESS TELEPHONE #:</b> _____                                  | _____                       |

- I hereby certify that I am the remitter or payee of the above referenced cashier's check.
  
- I hereby declare that I have lost possession of the above referenced check ("check"), and that this loss of possession was not the result of transfer by me or a lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person who cannot be found or is not amenable to service of process. Based upon the forgoing, I hereby request that the amount of the check be made available to me by the Credit Union.
  
- I understand and agree that this Declaration of Loss & Claim for Reimbursement ("Declaration & Claim") is not enforceable by me against the Credit Union until the later of (a) the time this Declaration & Claim is delivered to the Credit Union; or (b) the 90th day following the date of the cashier's check; or (c) the 4th business day from the requested stop date.
  
- Until this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union may pay or authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges the Credit Union from all liability with respect to the check.
  
- If this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union will pay the amount of the check to me, subject to the claims of any holder in due course and provisions of the Uniform Commercial Code, and that any such payment discharges the Credit Union from all liability with respect to the check. If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. If the Credit Union pays the amount of the check to me, I agree to indemnify, defend and hold the Credit Union harmless from any and all third party claims upon the Credit Union related to the check.
  
- I acknowledge receipt of a copy of this Declaration & Claim and accept and agree to the terms hereof. I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
**DECLARANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**CREDIT UNION USE ONLY**

**IDENTIFICATION CHECKED:** \_\_\_\_\_

|  |                    |
|--|--------------------|
| <b>RECEIVED BY:</b> _____                | <b>DATE:</b> _____ |
| <small>Teller Name</small>               |                    |
| <b>APPROVED BY:</b> _____                | <b>DATE:</b> _____ |
| <small>Branch Manager/Supervisor</small> |                    |