

Affidavit

Lost, Stolen or Destroyed Official Check and Stop Payment Order



Name: _____

Address: _____

Phone Number: _____

Account Number: _____

ID: _____

CU Name: _____

Amount: \$ _____

Payable to: _____

Date Withdrawn: _____

Explanation of circumstances of loss, theft or destruction: _____

I certify and declare under penalty of perjury that the Credit Union Official check described above has been lost, stolen or destroyed and will never be presented by a person having the rights of a holder in due course. I have ordered payment stopped. I assert a claim for the amount of the check described above and request payment of that amount credited back to my account. I acknowledge and agree that this claim constitutes a warranty of the truth of all statements made in this claim.

I understand and agree that if I am negligent in making this statement and the check is presented for payment by a person having the rights of a holder in due course, I will reimburse the Credit Union for the amount of the check and all associated costs.

Furthermore, I agree to defend, indemnify and hold the Credit Union harmless from any claim, damage or costs made or incurred as a result of its refusal to pay the check described above.

Replacement check requested: Yes No

Signature: _____

Date: _____

I understand there will be a \$25.00 Stop Payment Fee

Initials: _____

For INTERNAL use only

Stop Payment placed by _____ Agent # _____

Date ___/___/___

Check # _____

Authorization # _____

Rep Check # N/A

03.17