



Stop Payment for Credit Union Check

Claim of Lost, Stolen or Destroyed Teller/Cashier's Check

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CHECK AND CLAIMANT INFORMATION

NAME OF CLAIMANT	CHECK ONE: <input type="checkbox"/> Drawer <input type="checkbox"/> Remitter <input type="checkbox"/> Payee	
ACCOUNT NUMBER THAT PROVIDED FUNDS — OR PRIMARY SHARE ACCOUNT NUMBER IF ITEM PURCHASED WITH CASH	CHECK NUMBER	DATE
NAME OF DRAWER OR REMITTER	PAYEE	CHECK AMOUNT

CHECK FUND DISBURSEMENT METHOD

CHECK ONE: Deposit funds into account # _____ Re-issue a check and forward to address on account — ADDRESS VERIFIED BY (TELLER NUMBER & INITIALS) _____

DECLARATION OF LOSS

By my signature below, I certify and declare under penalty of perjury that I am the Claimant named above; that I am making this declaration and claim in the capacity indicated above, whether as Remitter or Payee of the check described above; that I lost possession of that check and that the loss of possession was not the result of a transfer by me or a lawful seizure of the check, and that I cannot reasonably obtain possession of the check because (check all applicable boxes):

- The check is lost.
- The check was destroyed. (If the check has been damaged or mutilated, the credit union at its option, may require presentation of the damaged or mutilated item and may determine in its discretion whether or not the item has been "destroyed" for purposes of this claim and request.)
- 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 or is not amenable to service of process:

- Other _____

By this instrument, I assert a claim to the amount of the check described above and request payment of that amount by AFFCU. I acknowledge and agree that this claim shall not be enforceable unless it is received at a time and in a manner affording AFFCU a reasonable time to act on it before the check is paid, and unless I provide rea-sonable identification to AFFCU. I acknowledge that the Declaration of Loss under penalty of perjury set forth above constitutes a warranty of the truth of the statements made in that Declaration.

I acknowledge and agree that this claim shall not be enforceable until the later of (a) the time that this claim is presented to AFFCU, or (b) the ninetieth (90th) day following the date of the check (the 90th day following the date of acceptance in the case of a certified check). I acknowledge that, until this claim becomes enforceable, it has no legal effect and AFFCU may pay the check to any person entitled to enforce it, in which event, AFFCU is discharged from all liability with respect to the check.

I acknowledge that if this claim becomes enforceable before the check is presented for payment, AFFCU is no longer obligated to pay the check. I also acknowledge and agree that, if AFFCU pays the amount of the check to me pursuant to this claim and request when the claim becomes enforceable, and if the check is thereafter presented for payment by a person having the rights of a holder in due course, I am obligated to (a) refund the payment to AFFCU if the check is paid to that person or (b) pay the amount of the check to the person having the rights of a holder in due course if the check is dishonored.

I agree that AFFCU, in its sole discretion, may pay this claim and request prior to the date that it becomes enforceable and as a condition of any such premature payment, may require a bond or other security in such amount and upon such conditions as AFFCU deems appropriate. By signing this claim and request, I agree to defend, indemnify and hold AFFCU harmless from any claim, damage, or costs made or incurred as a result of its refusal to pay the check described above.

SIGNATURE OF CLAIMANT

DATE

MEMBERSHIP #

SOCIAL SECURITY # _____

HOME PHONE _____

WORK PHONE _____

FEE CHARGED

\$30.00

Initials _____

STATE OF _____

COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY on this day personally appeared **X** _____, who, being by me duly sworn, declared under oath that he/she is the Claimant named above, that he/she has read the Declaration of Loss set forth above, that he/she has personal knowledge of the matters set forth therein, and that each statement contained therein is true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires _____ / _____ / _____