

Declaration of Loss

l,	, was the drawer/payee (circle one of these	
choices if the item wa	as a certified check) of the above described certified check OR the	
	above described cashier's check or the teller's check (circle one o	
	tem was a cashier's check or teller's check). I lost possession of	
	of possession was NOT the result of a transfer of the check or a	
lawful seizure and I d	annot obtain possession of the check because	
The check wa	as destroyed;	
The check is in the wrongful possession of an unknown person;		
The whereab	outs of the check cannot be determined; or	
	in the wrongful possession of a person that cannot be found or is e to service of process	
	ef description of the circumstances surrounding the loss, if the cashier's check, teller's check, or certified check:	
be true and correct.	e herein are made under penalty of perjury and I warrant them to	
	is claim is paid and the check is later presented for payment by a hts of a holder in due course, I am obliged to either refund the	
	t Union if the check is paid, or pay the amount of the check to the	
person having the rig	hts of a holder in due course if the check is dishonored.	
Dated this	day of	
Signature of Claiman	t	
Signature of Claimar	·	



Claim for a Lost, Stolen, or Destroyed Cashier's Check, Teller's Check, or Certified Check

I, descri	, hereby assert a claim to the cashier's check, teller's check, or certified check.	ne following
	Remitter:	
	Payee:	
	Date:	
	Amount:	
	Check number:	
	Account number:	
	(a copy of the remitter's copy may be attached)	
hereto	equest payment of the amount of the check. My Declaration of b. I understand that the claim has no legal effect until it is enforcent enforceable at the LATER of	
	The time the claim is asserted; or The 90 th day following the date of the check, in the case of a celler's check or the 90 th day following the date of acceptance certified check.	
to me to rea	er understand that my claim may be unenforceable if the Decla et the requirements of Section 3-312 of the Uniform Commercia ch the Credit Union at a time and in a manner which affords the nable time to act on it before the check is paid.	al Code or if it fails
I agre	e to provide reasonable identification if so requested by the Cre	edit Union.
Signa	ture of Claimant Date: _	