



# DECLARATION OF LOSS

(Claim to Lost, Stolen or Destroyed Cashier's Check)

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

USC Credit Union is hereby directed to attempt to stop payment on the following check:

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Issued: \_\_\_\_\_

Payee: \_\_\_\_\_

.....

**Under penalty of perjury, I declare that:**

- I have lost possession of the check; and
- the loss of possession was not the result of a transfer by me or lawful seizure of the check; and
- I cannot reasonably obtain possession of the check because (check one):
  - the check was destroyed.
  - the check is lost.
  - the check was stolen.

.....

**INDEMNITY AGREEMENT**

I acknowledge that the item has not been delivered to any payee(s).

I understand that USC Credit Union may not be able to resist payment on the above described item.

**I understand that there is a ninety (90) day waiting period from the date of when the check was issued before I can receive a replacement or refund for this item.**

I understand that if this claim is paid and the check is later presented for payment, I am obliged to refund the payment to USC Credit Union if the credit union is required to honor the check.

I understand that I must reimburse USC Credit Union for all expenses and costs it incurs as a result of not honoring the check or a result of my lack of prompt reimbursement of the payment to the credit union if the check is honored.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_