

## AFFIDAVIT FOR LOST OR STOLEN CASHIER'S CHECK

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

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

Member Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Check Information

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payable To The Order Of: \_\_\_\_\_

Purpose For Which Check Was Drawn: \_\_\_\_\_

Circumstances Of Loss Or Theft: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/WE \_\_\_\_\_, the undersigned, do depose and say that I am the only lawful owner of the above described check issued by Financial Assurance Federal Credit Union. I further swear that I have not in any way disposed of said item nor of my interest in the same; that said item has been lost or stolen and I am unable to produce the same.

I, therefore, request Financial Assurance Federal Credit Union to stop payment on the said instrument and to issue a new one in its place.

In consideration of the issuance of the duplicate check, I agree to hold Financial Assurance Federal Credit Union harmless of and from any loss, damages, claim and expense, which may be sustained or incurred by Financial Assurance Federal Credit Union in respect to the hereinabove described original check and its duplicate requested to be issued. This agreement shall be binding upon my heirs, executors, administrators and assigns.

In addition, I agree to deliver to Financial Assurance Federal Credit Union, the original instrument for cancellation if same should be found.

### Sworn To And Subscribed Before Me

This \_\_\_\_\_ Day Of \_\_\_\_\_

\*Member(s) Signature: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**This transaction requires a Signature. Upon completion please mail/fax form to:**

Financial Assurance Federal Credit Union, 525 Washington Blvd, 33<sup>rd</sup> Floor, Jersey City, NJ 07310

Phone: (201)743-5355 Fax: (201)743-6520