



DECLARATION OF LOSS & CLAIM FOR REIMBURSEMENT CASHIER'S AND CORPORATE CHECK

SECTION 1	MEMBER NAME		ACCOUNT NUMBER
	ADDRESS		DAYTIME PHONE #
	CITY	STATE	ZIP

SECTION 2	CHECK TYPE <input type="checkbox"/> Cashier's <input type="checkbox"/> Corporate			
	REASON FOR DECLARATION <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed			
	DATE OF CHECK	CHECK NUMBER	PAYABLE TO	AMOUNT \$

SECTION 3	<p>I HEREBY CERTIFY THAT I AM THE REMITTER/PAYEE OF THE ABOVE REFERENCED CORPORATE OR CASHIER'S CHECK. (CIRCLE ONE)</p> <p>I hereby declare that I have lost possession of the above referenced check, and that this loss of possession was not the result of a transfer by me or lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is the wrongful possession of an unknown person or a person who cannot be found or is not amendable to service of process.</p> <p>Based upon the foregoing, I hereby request payment in the amount of the check to be as follows:</p> <p><input type="checkbox"/> Kinecta Account # _____ (must be the original account from which check was purchased)</p> <p><input type="checkbox"/> Re-Issue a replacement check to same payee set forth above</p> <p><input type="checkbox"/> General Ledger # _____ (for Credit Union use only)</p> <p>I understand that there will be a fee for processing related to this request. (Refer to current fee schedule)</p> <p>I understand and agree that this Declaration of Loss & Claim for Reimbursement has no legal effect and is not enforceable by me against the Credit Union until the later of a) the time this Declaration & Claim is delivered to the Credit Union; or b) the 90th day following the date of the check.</p> <p>Until this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union may pay or authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges the Credit Union from all liability with respect to the check. Under no circumstances will this claim become effective until the Credit Union has had a reasonable time to act on it. I agree to notify the Credit Union if and when the reason for this Declaration of Loss and Claim ceases to exist. If this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union will pay the amount of the check to me, subject to the claims of any holder in due course and provisions of the Uniform Commercial code, and that any such payment discharges the Credit Union from all liability with respect to the check. If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. If the Credit Union pays the amount of the check to me, I agree to indemnify, defend, and hold the Credit Union harmless from any and all third-party claims upon the Credit Union related to the check.</p> <p>I acknowledge receipt of a copy of this Declaration & Claim and accept and agree to the terms hereof. I declare under penalty of perjury that the foregoing is true and correct.</p>		
	SIGNATURE		DATE
	SIGNATURE		DATE

REQUEST TO CANCEL DECLARATION OF LOSS & CLAIM FOR REIMBURSEMENT	
KINECTA FEDERAL CREDIT UNION IS HEREBY DIRECTED TO CANCEL THE ABOVE DECLARATION OF LOSS & CLAIM REIMBURSEMENT.	
SIGNATURE _____	DATE _____

CREDIT UNION USE ONLY	
RECEIVED BY (Employee Name, User ID, Branch #)	DATE

ACCOUNT SERVICES USE ONLY	
STOP PLACED BY:	DATE
APPROVED BY:	DATE
ACCOUNT CREDITED / CHECK REISSUED BY: CHECK #	DATE