

Y-12 Federal Credit Union

Stop Payment Request and Indemnification Agreement

Complete for a lost, stolen or destroyed Cashier's Check, Teller Check or Personal Money Order.

A standard stop payment fee may be charged for this service.

Item Type:	<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Teller Check	<input type="checkbox"/> Personal Money Order
Item Status:	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed
Original Item Number:	_____		
Amount \$	_____	Date Issued:	_____
Payable to:	_____		
Member Name:	_____	Account Number:	_____
Daytime Phone:	_____		

Declaration of Loss under Penalty of Perjury: I, the undersigned, hereby declare under penalty of perjury that (i) I am the person who requested or the payee of the item described above; (ii) I have lost possession of the item; (iii) the loss of possession was not the result of a transfer by me or a lawful seizure; and (iv) I cannot reasonably obtain possession of the item because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or will not accept service of process.

Stop Payment Request: I hereby direct Y-12 Federal Credit Union to stop payment on the item bearing the information above. I understand that the information provided above regarding the item must be accurate. I further understand that any incorrect information may cause the item to be paid, despite the stop payment. I agree to notify the Credit Union if the item described is located, canceled, or destroyed.

Indemnification Agreement: I understand that if this claim is paid and the item is later presented for payment, I am obliged to refund the payment to Y-12 Federal Credit Union if the Credit Union is required to honor the item. I also agree to reimburse Y-12 Federal Credit Union for all expenses and costs (including reasonable attorneys' fees) it incurs as a result of not honoring the item or as a result of my lack of prompt reimbursement of the payment to the Credit Union if the check is honored.

Waiting Period: I understand and agree that **the Credit Union has the right to require a waiting period, up to 90 days, before the item will be reissued.** If the original item is presented during any waiting period, the Credit Union will be obligated to pay the original item. I further understand and agree that the Credit Union reserves the right to require the original item to be reissued.

By placing my name below, I agree to all the terms of the Stop Payment Request and Indemnification Agreement.

Signature

Credit Union Witness

Date Teller Stamp _____

Required if not witnessed by Credit Union Staff

State of _____ County of _____

Sworn and subscribed before me, this
_____ day of _____, 20____.