

Cashier's Check Stop Payment Indemnity Agreement



Date: _____ Member Account #: _____ **FEE: \$25.00**
Member Name: _____

The following Cashier's Check has been: Lost Stolen Destroyed
Date of Check: _____ Check #: _____ Amount: \$ _____
Payable To: _____

The undersigned requests MariSol Federal Credit Union to:
 Issue a replacement check
 Issue a refund for the amount of the check to the account shown above

Under penalty of perjury I am attesting to the fact that (1) I am the remitter of the above cashier's check; (2) I have lost possession of the check; (3) the loss was not the result of a transfer of lawful seizure; and (4) I cannot reasonably regain possession because the instrument was destroyed, its location cannot be discovered, or it is in the wrongful possession of an unknown person who cannot be found or served.

In the event that the above check has been properly presented to a third party, the undersigned authorizes, MariSol Federal Credit Union, to recover the funds from any account that the undersigned may have at MFCU, or in the event of insufficient funds or absence of accounts, agrees to immediately repay MFCU amounts owing for the above reissued check.

The undersigned assumes all responsibility and releases MFCU of any liability for the reissue of the above cashier's check. **The undersigned also understands that a \$25.00 fee will be charged to the members account.**

Signature: _____ Daytime Phone #: _____
(Must be Notarized)
Address: _____ City: _____ ST: _____ Zip: _____

State of Arizona County of Maricopa

This instrument was acknowledged before me this _____ day of _____,
by _____
In witness whereof I herewith set my hand and official seal.
_____, Notary Public.

- FOR CREDIT UNION USE ONLY -

Completed By/Date: _____ SD: _____ Checks: _____