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Declaration of Loss & Claim for Reimbursement Cashier's Check

Check Number:		Amount:		Date of Check:	
Payable to:					
Member Number:					
Member's Payee Name:					
Address		City		State	Zip Code
Daytime Phone Number:					
Reason for Declaration:					

I hereby certify that I am the remitter or payee of the above referenced cashier's check:

☐ Lost ☐ Stolen ☐ Destroyed ☐ Damaged

I hereby declare that I have lost possession of the above referenced check ("check"), and that this loss of possession was not the result of a transfer by me or a lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed. Its whereabouts cannot be determined, or it is in the wrongful possession of a unknown person who cannot be found or is not amenable to service of process.

Based upon the forgoing, I hereby request payment in the amount of the check be made by Orange County's Credit Union ("the Credit Union") to me.

I understand and agree that this Declaration of Loss & Claim For Reimbursement ("Declaration & Claim") 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 (cashier's or teller's check) or the 90th day following the date of acceptance (certified check).

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.

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.**

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.

Member's or Payee's Signature

Date

Manager's Signature (For credit before 90 days)

Date

FOR CREDIT UNION USE ONLY

Branch Associate Name:	Teller Number:	Date:
Accounting Team or EFT Representative Name:	Date Received:	Reimbursement Date:

- ☐ Re-Credited Account
☐ Issued Replacement Cashier's Check

Payable To: _____

Account Number and Suffix: _____

Date Replacement Cashier's Check Mailed: _____