



P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 888.336.2700
 dfcufinancial.com

Declaration of Loss & Claim for Reimbursement Cashier's Check and/or Corporate Check

Member/Remitter Information

Member/Remitter Name		Member Number		Daytime Phone Number	
Address	City	State	Zip		

Check Information

Check Type <input type="checkbox"/> Cashier's <input type="checkbox"/> Corporate	Check Date	Check Number
Payable to "Payee"	Amount*	Reason for Declaration <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed

**Amount greater than \$5,000 requires the signature of both the Remitter and Payee.*

With reference to the above Corporate or Cashier's Check, I certify that I am the:

- Remitter
- Payee

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 amenable to service of process.

Based upon the foregoing, I hereby request payment in the amount of the check to be as follows:

- DFCU Financial Account # _____ (must be the original account from which check was purchased).
- Issue a replacement check to same payee set forth above.

I understand and agree that this Declaration of Loss & Claim for Reimbursement has no legal effect and is not enforceable by me against DFCU Financial until the later of a) the time this Declaration & Claim for Reimbursement is delivered to DFCU Financial; or b) the 90th day following the date of the check. I understand that DFCU Financial may, however, in its sole and absolute discretion, process my request sooner.

Until this Declaration & Claim for Reimbursement becomes enforceable, I understand and agree that DFCU Financial may pay or authorize the payment of the check and that any such payment discharges DFCU Financial from all liability with respect to the check. Under no circumstances will this Declaration of Loss and Claim for Reimbursement become effective until DFCU Financial has had a reasonable time to act on it.

I agree to notify DFCU Financial if and when the reason for this Declaration of Loss and Claim for Reimbursement ceases to exist. If this Declaration & Claim for Reimbursement becomes enforceable, I understand and agree that DFCU Financial 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 DFCU Financial from all liability with respect to the check. If payment is made to me and DFCU Financial must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. I agree to indemnify and hold DFCU Financial harmless from and against any and all claims, damages, losses, liabilities, expenses, and fees (including reasonable attorneys' fees) arising out of or relating to this Declaration of Loss & Claim for Reimbursement, DFCU Financial's attempt to, or stopping payment on or refusing payment on, the check.

I declare under penalty of perjury that the foregoing is true and correct. I acknowledge receipt of a copy of this Declaration & Claim and accept and agree to the terms hereof.

Notary required if not signed in the presence of a DFCU Financial employee.

Remitter's Signature _____ **Date**

Acknowledged before me in _____ County, State of _____,
on the _____ day of _____, 20 _____.

Notary Public's Signature _____ **Notary Stamp**

Affix Seal Here

Payee's Signature _____ **Date**

Acknowledged before me in _____ County, State of _____,
on the _____ day of _____, 20 _____.

Notary Public's Signature _____ **Notary Stamp**

Affix Seal Here