



DECLARATION UNDER PENALTY OF PERJURY AND  
WARRANTIES REGARDING LOST, STOLEN OR  
DESTROYED TECH CU OFFICIAL CHECK

DATE OF CHECK: \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_ Reason:  LOST  STOLEN  DESTROYED

MEMBER NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

I affirm that said check has been Lost, Stolen, or Destroyed and that loss of possession was not the result of a transfer or lawful seizure; and I cannot reasonably obtain possession of said check because its whereabouts cannot be determined, it is in the wrongful possession of an unknown person or a person that cannot be found, or is not amenable to service of process. I hereby understand that until this claim becomes enforceable, it has no legal effect and the check may be paid. This claim becomes enforceable at the later of (1) the time the claim is asserted, or (2) the 90<sup>th</sup> day following the date of the check. I further understand that my claim may be unenforceable if this Affidavit fails to meet the requirements of Section 3-312 of the Uniform Commercial Code, or it fails to reach Technology Credit Union at a time and in a manner which affords the Credit Union reasonable time to act on it before the check is paid.

I, the undersigned do hereby promise, undertake and agree to indemnify Technology Credit Union from and against any and all liability, loss, damage, expense, suits, judgments, executions, counsel fees and costs which may or shall arise or be incurred by reason of said loss and or by reason of the payment, and or by reason of the payment (whether intentional, inadvertent, or otherwise) or non-payment of said lost instrument in case the same shall hereafter lawfully be presented for payment and I do also promise and undertake, agree that the said lost check shall be delivered to Technology Credit Union for cancellation if at any time the check is found.

I request that Technology Credit Union replace the Check, payable in the same fashion and in the same amount as the original, as soon as Technology Credit Union has had a reasonable opportunity to review the claim or 90 days after the date of the Check, whichever is later.

X \_\_\_\_\_  
Member's Signature Date  
(Signatures not witnessed by a Tech CU employee must be notarized)

X \_\_\_\_\_  
Payee's Signature Date  
(Signatures not witnessed by a Tech CU employee must be notarized)

Accepted by: \_\_\_\_\_ Branch: \_\_\_\_\_

Manager Approval: \_\_\_\_\_

Area Manager Approval: \_\_\_\_\_

Central Ops Use Only:

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Processed On: \_\_\_\_\_

Reference #: \_\_\_\_\_

GL Entry Posted On: \_\_\_\_\_ GL #: \_\_\_\_\_ Reissue Check # \_\_\_\_\_