Declaration of Loss & Claim for

Reimbursement Cashier's Check

SF FIRE CREDIT UNION

Member Name	Member Number	Date

Reason		The stop payment is hereby cancelled.
Check Number		_____
Check Date		Member Signature
Dollar Amount		_____
Payee		Date
Fee		

I hereby declare that I don't have the above referenced check, and that this loss of possession was not a 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 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 made by the San Francisco Fire Credit Union to me.

Until this Declaration of Loss & Claim for Reimbursement becomes enforceable, I understand and agree that San Francisco Fire Credit Union will pay and authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges San Francisco Fire Credit Union from all liability with respect to the check.

If this Declaration of Loss & Claim for Reimbursement becomes enforceable, I understand and agree that San Francisco Fire Credit Union will pay the amount 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 San Francisco Fire Credit Union from all liability with respect to the check. If payment is made to me and San Francisco Fire Credit union must make subsequent payment on the check to a holder in due course, I agree promptly to refund the payment made to me.

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

I hereby certify that I am the remitter or payee of the above referenced credit union cashier's check. I also agree to comply with the terms and conditions of the above Declaration & Claim.

_____   _____
Member Signature   Date

For Credit Union Use Only

Operator #	Date	Approved By	Date