

OFFICIAL CHECK INDEMNITY AGREEMENT

Date of Request:					
Request Initiated by:	_Purchaser of the check	Payee n	amed on the	check	
The following Cashier's C	Check has beenlost,	_stolen, or	_destroyed:		
Check Number:	Dated:	Amount:			
Payable to:					
The undersigned requests	FHCU to:				
Issue a replacement	check to be picked up from	branch the fo	llowing busi	ness day.	
Issue a refund for the	ne amount of the check to th	e following ac	ecount:		
cashier's check, (2) I have lawful seizure: and (4) I colocation cannot be discovered found or served. In the event that the above FHCU to recover the function insufficient funds or absertabove reissued check. The undersigned assumes above cashier's check.	I am attesting to the fact that e lost possession of the check annot reasonably regain possered, or it is in the wrongful e check has been properly piles from any account that the nice of accounts, agrees to in all responsibility and released ersigned also understands	k: (3) the loss assession because possession of the resented to a the undersigned in mediately reposes FHCU of as	was not the se the instruction unknown hird party, the may have at a pay FHCU army liability for the second	result of a transfer or ment was destroyed, its in person who cannot be ne undersigned authorized FHCU, or in the event of mounts owing for the from the re-issue of the	
Signature (Must be notarized)		Printed Name			
Address	City	State Zi	p	Phone No.	
State of	County of				
The foregoing instrument	was acknowledged before r	ne this	day of		
Notary Signature					
895 Sierra Way/PO Box 228 311 S. Bridge St., Suite A W				Terington, NV 89447 ry Fallon, NV 89406	