

FINANCIAL HORIZONS

CREDIT UNION

OFFICIAL CHECK INDEMNITY AGREEMENT

Date of Request: _____

Request Initiated by: _____ Purchaser of the check _____ Payee named on the check

The following Cashier's Check has been ___ lost ___ 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 following business day.

_____ Issue a refund for the amount of the check to the following account:

Account Number: _____

Under penalty of perjury I am attesting to the fact that (1) I am the remitter or payee of the above cashier's check, (2) I have lost possession of the check: (3) the loss was not the result of a transfer or lawful seizure: and (4) I cannot reasonably regain possession because the instrument was destroyed, its location cannot be discovered, or it is in the wrongful possession of an unknown person who cannot be found or served.

In the event that the above check has been properly presented to a third party, the undersigned authorizes FHCU to recover the funds from any account that the undersigned may have at FHCU, or in the even of insufficient funds or absence of accounts, agrees to immediately repay FHCU amounts owing for the above reissued check.

The undersigned assumes all responsibility and releases FHCU of any liability from the re-issue of the above cashier's check.

The undersigned also understands that a \$25.00 fee will be charged.

Signature (Must be notarized)

Printed Name

Address

City

State

Zip

Phone No.

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____

Notary Signature

895 Sierra Way/PO Box 2288/ Hawthorne, NV 89415
2711 Reno Hwy Fallon, NV 89406
201 N. Main Street Yerington, NV 89447
311 S. Bridge St., Suite A Winnemucca, NV 89445

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