



Declaration of Loss

I (including any and all of the undersigned, jointly and severally) declare under penalty of perjury, under Uniform Commercial Code Section 3312, that the following information is true and correct:

- 1. I am the [ ] payee [ ] remitter of check number \_\_\_\_\_ dated \_\_\_\_\_ in the amount of \_\_\_\_\_ made payable to: \_\_\_\_\_ issued by SCE Federal Credit Union.
2. The check was:
[ ] Destroyed - I cannot reasonably obtain possession of the check and the item is no longer negotiable.
[ ] Lost - The check was lost on or about \_\_\_\_\_. I did not willfully give the check to anyone.
[ ] Stolen - It was stolen and it is not in the possession of the lawful owner.
[ ] I have completed a police report filed on \_\_\_\_\_ with the City of \_\_\_\_\_ Police Department.
[ ] I have not completed a police report.
3. I request that you pay the amount of the check when this claim becomes enforceable in the form of:
[ ] A credit to my account number \_\_\_\_\_
[ ] A check made payable to the undersigned \_\_\_\_\_
4. This claim becomes enforceable (payable) at the later of: (a) the 90th day following the date of the check, or (b) the date the claim is made (if after the 90th day).
5. I understand that the Credit Union must have a reasonable time to respond to this claim before the claim will be enforceable.
6. I understand that until the claim becomes enforceable, the Credit Union may pay the person who is entitled to enforce the check. If the Credit Union pays the person who is entitled to enforce the check, I understand that the Credit Union will be relieved of liability to me and that I cannot enforce this claim.
7. I understand that if the Credit Union reimburses me as a result of this claim, the Credit Union will be relieved of liability on the check. If the Credit Union has paid me and a holder in due course presents the check for payment, I agree to (a) refund to the Credit Union the amount of the check immediately upon receipt of written notice from the Credit Union, and (b) pay the amount of the check to the holder in due course.
8. If I do not refund to the Credit Union the amount of the check upon request, I understand that the Credit Union may enforce its rights in a court of law.
9. I agree to indemnify and hold the Credit Union harmless of any and all loss or damage, including expenses due to the Credit Union refusing to pay the item.
10. I understand that the Credit Union will rely upon the statements contained in this Declaration of Loss.

NOTICE: A \$25 charge will be assessed to process the stop payment.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_