KINECTA™
FEDERAL CREDIT UNION

1440 Rosecrans Ave.
Manhattan Beach, CA 90266
800.854.9846 • www.kinecta.org

DECLARATION OF LOSS & CLAIM FOR REIMBURSEMENT CASHIER'S, CORPORATE CHECK, MATURITY AND/OR DIVIDEND DISBURSEMENTS

MEMBER NAME		ACCOUNT NUMBER
ADDRESS		DAYTIME PHONE #
CITY	STATE	ZIP

CHECK TYPE	❑ CASHIER'S	❑ CORPORATE	❑ MATURITY DISBURSEMENT	❑ DIVIDEND DISBURSEMENT
REASON FOR DECLARATION	❑ LOST	❑ STOLEN	❑ DESTROYED	CHECK NUMBER
DATE OF CHECK	PAYABLE TO			AMOUNT $

I HEREBY CERTIFY THAT I AM THE (CIRCLE ONE OF THE FOLLOWING) REMITTER/PAYEE OF THE ABOVE REFERENCED CORPORATE OR CASHIER'S CHECK.

I hereby declare that I have lost possession of the above referenced check, and that this loss of possession was not the result of a transfer by me or lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is the wrongful possession of an unknown person or a person who cannot be found or is not amendable to service of process.

Based upon the foregoing, I hereby request payment in the amount of the check to be as follows:

- ❑ Kinecta Account # _____ (must be the original account from which check was purchased)
- ❑ Re-Issue a replacement check to same payee set forth above
- ❑ General Ledger # _____ (for Credit Union use only)

I understand that there will be a fee for processing related to this request. (REFER TO THE CURRENT SCHEDULE OF FEES AND CHARGES)

I understand and agree that this Declaration of Loss & Claim for Reimbursement has no legal effect and is not enforceable by me against the Credit Union until the later of a) the time this Declaration & Claim is delivered to the Credit Union; or b) the 90th day following the date of the check. I understand that the Credit Union may, however, in its sole and absolute discretion, process my stop payment request sooner.

Until this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union may pay or authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges the Credit Union from all liability with respect to the check. Under no circumstances will this claim become effective until the Credit Union has had a reasonable time to act on it. I agree to notify the Credit Union if and when the reason for this Declaration of Loss and Claim ceases to exist. If this Declaration & Claim becomes enforceable, I understand and agree that the Credit Union will pay the amount of the check 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 the Credit Union from all liability with respect to the check. **If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. I agree to indemnify and hold the Credit Union harmless from and against any and all claims, damages, losses, liabilities, expenses, and fees (including reasonable attorneys' fees) arising out of or relating to the Credit Union's attempt to, or stopping payment on, the check.**

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

SIGNATURE	DATE

REQUEST TO CANCEL DECLARATION OF LOSS & CLAIM FOR REIMBURSEMENT

KINECTA FEDERAL CREDIT UNION IS HEREBY DIRECTED TO CANCEL THE ABOVE DECLARATION OF LOSS & CLAIM REIMBURSEMENT.

SIGNATURE _____ DATE _____

CREDIT UNION USE ONLY

RECEIVED BY (EMPLOYEE NAME, USER ID, BRANCH #)		DATE
FOR EXCEPTIONS, GL DEBITED	APPROVED BY (EMAIL MUST BE SENT TO ACCOUNT SERVICES)	DATE

ACCOUNT SERVICES USE ONLY

STOP PLACED BY	DATE	APPROVED BY	DATE