



Official Check Declaration of Loss and Claim for Reimbursement

Name _____

Account No. _____

Check No. _____

Check Amount \$ _____

Check Issue Date _____

Payee _____

Re-issue Check Yes No

This Declaration is valid only if the Official Check detailed above has not cleared as of the business day this document is received by Certified Federal Credit Union.

NOTE THAT CREDIT MAY NOT BE ISSUED FOR 90 DAYS FOLLOWING THE DATE THAT THE OFFICIAL CHECK WAS ISSUED.

I further understand that my account will be charged a \$20.00 fee for each check and this request is non-reversible.

Member Signature

Date

FAX 626.246.3106