## U-Haul Federal Credit Union P.O. Box 21506 PHOENIX, ARIZONA 85036-1503 602. 263.6655 fax 602.263.2296

## Official Check Indemnity Agreement

Date of Request:		Ac	count#		
Member Name:					_
Request initiated by: [ ] Purchase	er of the check [	] Payee named o	n the check		
The following Official Check has	been reported: [ ] Los	st [ ] Stolen, or	[ ] Destroye	d	
Check Number		Dated/			
Amount \$					
Payable to:					_
The undersigned requests U-Haul [ ] issue a refund into the account [ ] issue a Western Union in the n	the following business	s day.			
Under penalty of perjury I am atterpossession of the check (3) the loss because the instrument was destroy cannot be found or served.	s was not the result of a	a transfer or lawfu	ıl seizure: an	nd (4) I cannot reas	sonably regain possession
In the event that the above check he to recover the funds from any according funds or absence of accounts, agree the undersigned assumes all responsible of the first check. The undersigned as	ount; that the undersignes to immediately reparationsibility and releases U	ned may have at U y U-Haul Federal J-Hail Federal Cr	J-Haul Feder Credit Union	ral Credit Union, or n owing for the abo	in the event of insufficient ve reissued check.
Signature (Must be notarized)		Print Name			
Address	City	State	Zip	Phone	
State of	, County of				
The foregoing instrument was acknowledge.	nowledged before me t	his	day of		,
Notary Signature	Print Name			SEAL	
Official Use Only: Approv	Date:				