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:		Ad	ccount#		_	
Member Name:					_	
Request initiated by: [] Purchaser of the check] Payee named o	on the check			
The following Official O	Check has been reported: [] Los	st [] Stolen, or	[] Destroye	d		
Check Number		Da	ated/	<u>//</u>		
Amount \$						
Payable to:					_	
[] issue a refund into t	ts U-Haul Federal Credit Union to the account the following business tion in the name of:	s day.				
[] Issue a Western Chi	City:					
possession of the check because the instrument cannot be found or serve In the event that the abo to recover the funds from funds or absence of accor The undersigned assume	y I am attesting to the fact that (1) (3) the loss was not the result of a was destroyed, its location cannot ed. ove check has been properly resen m any account; that the undersign ounts, agrees to immediately repaires all responsibility and releases I dersigned also understands that a	a transfer or lawford be discovered, of the total total the transfer of	ul seizure: and r it is in the war it is in the war, the underst J-Haul Feder I Credit Union accredit Union accredit	nd (4) I cannot read wrongful possession igned authorizes U ral Credit Union, or n owing for the abo	J-Haul Federal Credit Union r in the event of insufficient ove reissued check.	
Signature (Must be notarized)		Print Name				
Address	City	State	Zip	Phone		
Address	City	State	Zip	Thone		
State of	, County of					
The foregoing instrume 20	nt was acknowledged before me t	his	day of	f	,	
Notary Signature	Print Name			SEAL		
, , ,						
Official Use Only: Approved by:			Date:			