



Affidavit for Lost Check

Two notarized signatures are required; one from the payee and the other from the member. Please print two copies of this form, one is to be completed by the payee and the other by the member.

Request Stop Payment On

Money Order Teller's Check Certified Share Drafts Expense Check

County of _____ State of _____

I, _____, residing at _____, being duly sworn, do depose and say that I am the only lawful owner or payee of the following check(s) issued by Jovia Financial Credit Union on your behalf.

Stopping payment on a tellers check, cashier's check or money order violates section 4-403 of the UCC code which provides that a customer has no right to stop payment and that if the issuing bank refuses to honor (pay) the item as an accommodation to the customer, the institution is liable under section 3-411.

New York Uniform Commercial Code Section 4-403(2) states a bank or teller's check may only order Jovia Financial Credit Union to stop payment of a check after ninety (90) days of issuance. This signed Affidavit attests the member is representing that the check was either destroyed or its whereabouts cannot be determined or that it is the wrongful possession of an unknown person.

Check #	Amount \$	Date of Issuance	Payee	Issuing Account #

In Accordance with this statute, the funds of the stopped check will be held and not released to the member for 90 days after the date of issuance, even if the maker and payee both signed the affidavit if the original check is not physically presented.

Required signature: _____ Telephone # _____

Sworn before me this _____ day of _____, Year 20____

_____ (Place seal here)
Notary Public

The Member's Responsibility to the Credit Union:

The member agrees that they will be responsible to the Credit Union if any claim or demand is made against it as a result of the Credit Union having acted upon this affidavit. Further, I authorize the Jovia Financial Credit Union to assess my account for the amount of said check in the event it is received by the proper payee and agree to reimburse the Credit Union for any reasonable costs, expenses and attorney's fees incurred against any such claims or demands.

Person who authorized stop payment: _____ Teller# _____ Date: _____

Manager's signature: _____ Date: _____