

Claim to Lost, Stolen or Destroyed Cashier's Check

I, _____, hereby assert a claim to the following described cashier's check: (a copy of the remitter's copy may be attached)
(print name of claimant)

Remitter: _____

Payee: _____

Date: _____

Amount: _____

Check No: _____

Acct. No: _____

and request payment of the amount of the check. My **Declaration of Loss** is attached hereto. I understand that the claim has no legal effect until it is enforceable. A claim becomes enforceable at the LATER of:

1. The time the claim is asserted; or
2. The 90th day following the date of the check, in the case of a cashier's check.

I further understand that my claim may be unenforceable if the Declaration of Loss fails to meet the requirements of Section 3-312 of the Uniform Commercial Code or if it fails to reach Dade County Federal Credit Union at a time and in a manner which affords the Credit Union reasonable time to act on it before the check is paid.

I agree to provide reasonable identification if so requested by the Credit Union.

Date: _____

Signature of Claimant: _____

Declaration of Loss

I, _____, was the remitter / payee of the above-described **cashier's check**. I lost possession of the check. The loss of possession was **NOT** the result of a transfer of the check or a lawful seizure and I cannot obtain possession of the check because:

- ☐ The check was destroyed;
- ☐ The check is in the wrongful possession of an unknown person;
- ☐ The whereabouts of the check cannot be determined; or
- ☐ The check is in the wrongful possession of a person that cannot be found or is not amenable to service of process

The following is a brief description of the circumstances surrounding the loss, destruction, or theft of the cashier's check:

The statements made herein are made under penalty of perjury and I warrant them to be true and correct.

I understand that if this claim is paid and the check is later presented for payment by a person having the rights of a holder due course, I am obligated to either refund the payment to the bank if the check is paid or pay the amount of the check to the person having rights of a holder in due course if the check is dishonored.

Dated this _____ day of _____, _____.

Claimant: _____.

STATE OF FLORIDA):
COUNTY OF MIAMI-DADE):

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ who is personally known to me or has produced _____ as identification.

Employee Name _____ Branch _____.