

In Person Request

This form may be completed prior to visiting a branch

Fax/Mail/Not in Person Request

Fax to: (424) 275-4381 or mail to 312 N. Pacific Coast Hwy. Redondo Beach, CA 90277. We will accept email; however, please understand that email is not a secure form of transmission and at your own risk. We must have a valid ID on file to verify your signature. If not, we may require you to send us updated information or visit a branch in person before this request is processed. Please provide a call back number in case we need to contact you.

SECTION 1	REQUESTOR (Member) INFORMATION		
	NAME (MEMBER / JOINT / AUTHORIZED SIGNER)	CREDIT UNION ACCOUNT NUMBER	CREDIT UNION NAME (Shared Branch Guest Mbr ONLY)
	ADDRESS (MUST MATCH ACCOUNT)	CITY / STATE / ZIP	DAYTIME PHONE (MUST MATCH ACCOUNT)

SECTION 2	ITEM INFORMATION			
	CHECK TYPE [] Cashiers Check [] Money Order	PAYEE/ITEM PAYABLE TO		
	DATE CHECK ISSUED	AMOUNT OF CHECK	CHECK #	ACCOUNT TO DEPOSIT FUNDS TO [] Savings [] Checking [] Other _____
	SPECIAL INSTRUCTIONS			

AUTHORIZATION/DECLARATION OF LOSS	<p>I declare under penalty of perjury that I have lost possession of the above referenced check/money order and that this loss of possession was not the result of a transfer by me or a lawful seizure. I cannot reasonably obtain possession of the check/money order because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person who cannot be found or is not amenable to service of process.</p> <p>I understand and agree that this Declaration of Loss & Claim for Reimbursement (Declaration & Claim) is not enforceable by me against the Credit Union until the later of (a) the time this Declaration & Claim is delivered to the Credit Union; or (b) the 90th day following the date of the check (cashier's or money order check) or the 90th day following the date of acceptance.</p> <p>Until the Declaration & Claim becomes enforceable, I understand and agree that the Credit Union may pay or authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges the Credit Union from all liability with respect to the check.</p> <p>If the Declaration & Claim becomes enforceable, I understand and agree that the Credit Union will pay the amount of the check to me, subject to the claims of any holder in due course and provisions of the Uniform Commercial Code, and that any such payment discharges the Credit Union from all liability with respect to the check. If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. If the credit Union pays the amount of the check to me, I agree to indemnify and hold the Credit Union harmless from any and all third party claims upon the Credit Union related to the check. The foregoing is true and correct</p> <p>I acknowledge receipt of a copy of this declaration & claim and accept and agree to the terms hereof. Based upon the forgoing, I hereby request payment in the amount of the check by made by the Credit Union to me.</p>	
	SIGNATURE (MEMBER / JOINT OWNER / AUTHORIZED SIGNER)	TODAY'S DATE
	X	

CU ONLY	RECEIVED BY MSR SIGNATURE TID _____	DATE / TIME ACCEPTED	REQUEST RECEIVED [] In Person [] Fax/Mail/Email	MEMBER IDENTIFICATION VERIFIED [] DL [] Sig Card [] Gov't ID [] Acct Details	ACCOUNTING NOTIFIED [] Yes Date _____
	X				