

**SUMMIT CREDIT UNION DECLARATION OF LOSS**

Account Number: \_\_\_\_\_ \*Fee amount \$28 charge suffix \_\_\_\_\_

Accountholder name: \_\_\_\_\_

Accountholder name: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Payee Name: \_\_\_\_\_

Payee address (if different than primary member):  
\_\_\_\_\_

Check Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Replacement Check Requested \_\_\_\_\_ Yes \_\_\_\_\_ No

I file this Declaration of Loss under penalty of perjury and supply the above & below information and warranties as required by Wisconsin Statutes 403.312. I declare that I no longer have possession of the above described cashier's/teller's check. I am the accountholder or payee as noted above. The check was not transferred or lawfully seized. I cannot reasonably obtain possession of the check because it was **destroyed, lost or stolen**. (The Credit Union cannot process a declaration of loss claim on cashier's/teller's checks that are not **destroyed, lost or stolen**.) I understand that reasonable identification may be insisted upon by the credit union prior to acceptance of this declaration. **The credit union has the right to require a 30 day waiting period before the cashier's/teller's check will be reissued. The declaration of loss has no legal effect during the 30 day waiting period. If during the 30 day waiting period, the original check is presented for payment by the holder in due course, the credit union is obligated to pay the original check. Should this occur, I agree to reimburse the credit union for this amount, and understand it will be withdrawn from my account.**

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

\_\_\_\_\_ Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Destroyed

Detail of circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Accountholder or Payee signature

\_\_\_\_\_  
Date

**(Completed by Employee taking the declaration of loss request)**

Request Taken By (Name): \_\_\_\_\_ Claim Filed On Date: \_\_\_\_\_

Time: \_\_\_\_\_

Check one: (Complete following O.K to reissue from Accounting) \_\_\_\_\_ Telephone \_\_\_\_\_ In Person

Replacement check # \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_