



Declaration of Loss

I, _____, certify under penalty of perjury that the AdventHealth Credit Union check # _____ issued on _____ in the amount of \$ _____ has been lost/stolen/destroyed as listed below. I further certify that I am the remitter/payee of this check. The loss of this check was not the result of a transfer by me, nor was it a lawful seizure. I cannot reasonably obtain possession of this check because:

Its whereabouts cannot be determined,

It has been destroyed,

It is in the wrongful possession of an unknown person.

If the above listed check is found/recovered at a later date, I agree not to submit the check for payment. I will destroy the original check or write VOID on the check and return it to AdventHealth Credit Union. This statement will remain in effect up to 5 years from the date of the stop payment.

Signature

Date

Account Number

Witness (AHCU employee)

Branch

This statement must be notarized below, if not witnessed by a AHCU employee:

State of: _____ County of: _____.

Sworn and subscribed before me this _____ day of _____.

By: _____, who is personally known to me, or produced valid identification as follows: Type of ID: _____ ID#: _____.

Notary Public

Notary Seal, Commission #, Expiration

For Internal Use Only

Received by: _____

Date: _____

Stop Payment placed by: _____ Date/ Time: _____/ _____