**Rosedale Federal Savings and Loan Association**

Press [F1] for help in each field or view the status bar help. Do not leave blanks. Use “N/A” or “None” if field is not applicable.

**Bank Check Stop Payment Request and Indemnification Agreement**

**Declaration of Loss Under Penalty of Perjury and Request for Replacement or Redeposit**

The following described Rosedale Federal Savings and Loan Association (the “Bank”) check (the “Check”, “Check”) has been

[ ]  lost, [ ]  stolen, [ ]  destroyed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Check Type: |  | Check Nbr: | **#** |
| Date Issued: |  | Amount:  | **$** | Payee: |  |
| The Check was subsequently endorsed to: |  | Date of Claim: |  |
| I lost possession of the check on or about (date): |  | I did not willfully give/transfer the Check to anyone. |
| If the Check was stolen,  [ ]  I have [ ]  have not filed a police report [ ]  N/A. | Police report was filed on: |  |
| Police Department Location: |  |

I,  of ,

 **(Remitter, Payee, or Holder in Due Course of check) (City and State)**

hereby state I am the unqualified owner of Check No. , (the “Check”), in the amount of **$** dated  and issued by Rosedale Federal Savings and Loan Association (the “Bank”). I have not pledged, hypothecated, or otherwise transferred any interest in the Check and no one other than me has any right, title, or interest in or to the Check. I represent that the Check has been lost, stolen, or destroyed; cannot be found or produced; and has not been negotiated or endorsed in any way.

In consideration of replacement or redeposit of the Check by the Bank to replace the Check, I promise:

1. To return the Check to the Bank if found, and
2. To indemnify the Bank for all claims, liabilities, losses, damages, charges, legal fees and other costs (including but not limited to costs incurred in litigation) arising from the issuance of the new Check and/or from or relating to any claimant asserting any right or interest in or to the Check.

In further consideration, I understand and agree that:

1. The Bank has the right, in its sole discretion, to act appropriately and honor the Check if presented it, and
2. I will be liable for the amount of the Check if so honored and that the Bank may setoff the amount from any of my accounts, and
3. If there is a misappropriation in negotiating the Check, I agree to assist Rosedale Federal Savings and Loan Association in any investigation it or others may make and, if needed, to be a witness in any hearing, proceeding, or action brought against the person or persons responsible for this action. In addition, the Bank will not be liable if items are forged or alerted so cleverly that such fraud could not reasonably be detected.

|  |  |  |
| --- | --- | --- |
| I make this request in my capacity as: | I request Rosedale Federal to: |  |
|  [ ]  Purchaser/remitter of the Check |  [ ]  issue a replacement\* Check: **#**  | (\*See Fee Schedule)) |
|  [ ]  Payee of the Check |  [ ]  deposit the amount of the Check (Purchaser only) to my transaction account SV/CK:  |  |

I declare, under penalty of perjury, that all statements contained in this document are true and correct, the loss of possession of the Check was not the result of a transfer by me or a lawful seizure, and I cannot reasonably obtain possession of the Check because the check was destroyed, its whereabouts cannot be determined, or it is in the possession of a person that is either unknown, cannot be found, or is not amenable to service of process.

IN WITNESS WHEREOF, the undersigned has executed this affidavit and request under seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

# Purchaser/Remitter/Accountholder Signature Type or Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

# Payee Signature (Required if considered a Holder in Due Course) Type or Print Name

SUBSCRIBED TO AND SWORN TO BEFORE ME THIS \_\_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_

##  Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MyCommission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  Notary Public

*(Notary Public not required if signed in the presence of a Bank employee.)* Accepted by: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Associate Required

Decision/Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Helpful if transaction is linked to a RFSL account)