

NEW HORIZONS CREDIT UNION, INC.

P.O. Box 539

CINCINNATI, OH 45201

**CLAIM AND REQUEST FOR REIMBURSEMENT OF A
LOST, STOLEN OR DESTROYED NHCU OFFICIAL CHECK**

Check and Claimant Information:

Name of Claimant: _____ Party/Person Making Claim ☐ Payee
(check one) ☐ Holder/Endorser
☐ Remitter

Name of Remitter: _____

Name of Payee: _____

Acct# Original Check Drawn From: _____ Date: _____

Check # _____ Amount of Check _____

Declaration of Loss:

By my signature below, I certify and declare under penalty of perjury that I am the Claimant named above; that I am making this claim and declaration of loss as either the remitter or payee of an official check that I had and then lost possession of the check, and that the loss of possession was not the result of a transfer by me or a lawful seizure of the check; and that I cannot reasonably obtain possession of the check because the check:

☐ was lost ☐ was stolen ☐ was destroyed* ☐ non-receipt

*If the check has been damaged or mutilated, the credit union, at its option, may require presentation (and surrender) of the damaged or mutilated item.

Explain circumstance of lost/stolen/destroyed:

I assert a claim to the amount of the check described above and request payment of that amount by the credit union. **I acknowledge and agree that this claim constitutes a warranty of the truth of all statements made in this claim.**

I acknowledge and agree that this claim is not enforceable unless it is received at a time and in a manner affording the credit union a reasonable time to act on it before the check is paid, and unless I provide reasonable identification to the credit union. Additionally, I understand this claim is not enforceable until the later of 1) the time that this claim is presented to the credit union, or 2) the 91st day from the date of the official check. I acknowledge that until this claim becomes enforceable it has no legal effect, and the credit union may pay the check to any person entitled to enforce it, which discharges all liability of the credit union with respect to the check.

I acknowledge that once the claim becomes enforceable, the credit union is no longer obligated to pay the check. I also agree that when the credit union reimburses me for the amount of the check pursuant to this claim, and the check is subsequently presented for payment by person having the rights of a holder in due course, I am obligated to 1) refund the payment to the credit union if the check is paid to that person, or, 2) pay the amount of the check to the person having the rights of a holder in due course if the check is dishonored (and upon dishonor, consent to the credit union providing the holder in due course with a copy of this claim form.)

I understand that I can request the credit union to pay this claim prior to the date that it becomes enforceable, and as a condition of such premature payment, the credit union can require me to complete an affidavit and post a bond or other security in such amount and upon such conditions as the credit union deems appropriate.

By signing this claim and request, I agree to defend, indemnify and hold the credit union harmless from any claim, damage, or costs made or incurred as a result of its refusal to pay the check described above.

I understand a fee of \$30.00 is assessed for each claim request presented.

Social Security Number

Home Telephone Number

Work Telephone Number

Claimant's Signature

Date /Time

Must be Witnessed by Credit Union Employee or Notarized

Credit Union Employee Witness _____ or

Subscribed and sworn to be me this _____ day of _____, 20____.

Notary Public for the State of:

My commission expires:

For Credit Union Use Only

Claimant's Identification _____

Date of Refuse Payment _____

Employee Signature _____

Security for premature payment: ☐ N /A* ☐ Share Secured ☐ Bond ☐ None**

*May only be marked if check was issued more than 90 days ago.

** Manager Signature Required

Replaced with check # _____ Date _____ Issuing Teller's # _____

Date Faxed to Accounting _____

SEND ORIGINAL TO MEMBERSHIP FILE

FORM 1B