



Western Union Financial Services, Inc.
 PO Box 7030
 Englewood, Colorado 80155-703
 1-800-999-9660

MONEY ORDER AFFIDAVIT

STATE: _____)

COUNTY: _____)

I, _____, at _____ and
 (Full Legal Name) (Daytime Phone Number)

of _____,
 Street City State Zip Code

duly sworn, do depose and say:

A) I am the PAYEE / PURCHASER (mark one) of the money order issued by Western Union Financial Services, Inc., or Integrated Payment Systems Inc. ("Money Order"), described below:

Money Order Number: (11 Digits)	
Face Amount of Money Order:	
"Purchaser" Name: (Who purchased the Money Order)*	
"Payee" Name (Who the Money Order is payable to)*	
I am requesting this refund on behalf of a Company. (Yes or No)*	
Date and time of Money Order Purchase:	
Name and Address of Western Union Agent Location Where The Money Order was Purchased	

* if the party requesting a refund is a company (e.g. a corporation, LLC, etc.) please also complete page 2.

B) Upon information and belief, the Money Order was _____; and
 (Lost, destroyed, stolen, etc.)

C) Neither the Purchaser, nor the Payee, has cashed, negotiated, deposited, transferred, received payment or received a benefit of any kind, directly or indirectly, from the Money Order.

THEREFORE: To induce Western Union Financial Services, Inc and/or Integrated Payment Systems Inc. (collectively, "Western Union") to refund the face amount of the Money Order and in consideration of such payment, I authorize Western Union to issue a stop payment order on the Money Order, and I agree to pay Western Union a \$15.00 non-refundable processing fee for this request; I understand that if the Money Order has been paid, I will only receive a copy of the Money Order and not a refund. I agree to indemnify and hold Western Union harmless against any and all damages, costs, expenses and/or liability arising out of, or otherwise connected with, my representations herein, including any actions taken by Western Union in reliance upon such representation, this refund, the Money Order, or as a result of the negotiation of the Money Order.

 Signature

 Date

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires: _____

 NOTARY PUBLIC

(Notary Stamp, if applicable)



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MONEY ORDER AFFIDAVIT-COMPANY ADDENDUM

STATE: _____)

COUNTY: _____)

I, _____, am the _____
(Full Legal Name) *(Formal Business Title or Position)*

of _____ (the "Company"),
(Legal Name of Entity)

a _____ organized, incorporated or existing under the laws of the state of _____,
(State Entity Type, e.g. Corp., LLC, etc.) *(State of Incorporation or Organization)*

and with its principal place of business located at:

_____ Street City State Zip Code

being duly sworn, do depose and say:

A) I am requesting a refund of the face value of the Money Order, and executing this Affidavit on behalf of the Company; and

B) I have the power and authority to act on Company's behalf, including the power to request this refund and execute this Affidavit on Company's behalf; and

C) Neither the Company, nor any person acting on Company's behalf, has cashed, negotiated, deposited, transferred, received payment or received a benefit of any kind, directly or indirectly, from the Money Order;

Signature Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

My commission expires: _____.

NOTARY PUBLIC

(Notary Stamp, if applicable)