

**FIRST SERVICE FEDERAL CREDIT UNION**

Complete and return to your local branch or mail to:  
First Service Federal Credit Union, 100 Main Street, Groveport, OH 43125  
For questions please call (614) 836-0100

**Cashier Check AFFIDAVIT**

**A Notary Public is required for this Affidavit.  
Please fill out and sign in front of the Notary.**

Cashier Check # \_\_\_\_\_  
From account number: \_\_\_\_\_  
In the name of: \_\_\_\_\_  
Dated: \_\_\_\_\_, 20\_\_\_\_\_  
Made payable to: \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn on oath, depose and state that I am the person named as \_\_\_\_\_ on the Cashier Check from my First Service Federal Credit Union Share Savings Account number \_\_\_\_\_.

I, \_\_\_\_\_, do hereby state that Cashier Check # \_\_\_\_\_ has been lost, misplaced, or stolen. This check was dated \_\_\_\_\_, and made payable to \_\_\_\_\_.

**Further, I have not received the proceeds or benefit of the proceeds of said Cashier Check, nor any part thereof, directly or indirectly, and this affidavit is made voluntarily for the purpose of voiding this Cashier Check.**

If the First Service Federal Credit Union Cashier Check is recovered, I will surrender it to First Service Federal Credit Union as the owner of the Cashier Check.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

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**Notary Public (Required)**  
Subscribed and sworn to before to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
County of \_\_\_\_\_ State of \_\_\_\_\_  
My Commission expires \_\_\_\_\_

Seal