



AFFIDAVIT OF LOST OR STOLEN OFFICIAL CHECK

COMMONWEALTH OF MASSACHUSETTS

COUNTY OF _____, SS

I, _____ of _____

_____ do on oath depose and say under penalty of perjury that DIRECT Federal

Credit Union Official Check # _____ was purchased by me on _____

for the amount of \$ _____ and payable to _____

_____ has been _____ .

(Lost or Stolen)

I am requesting that you place a stop payment order on the above check. I understand that this Check will not automatically be reissued.

I further state that I indemnify and hold harmless DIRECT Federal Credit Union against any potential losses regarding this stop payment order.

Signature

Date

Print Name

Telephone Number

DIRECT Account Number

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

Notary or DIRECT Associate