

# DECLARATION OF LOST, STOLEN, OR DESTROYED CASHIER'S CHECK



CASHIERS CHECK ISSUED TO (PAYEE)		DATE ISSUED		
CHECK NUMBER		AMOUNT		
PAYEE ADDRESS		CITY, STATE		
ZIP CODE	PAYEE PHONE			
NAME OF REMITTER (PURCHASER)				
ACCOUNT PURCHASED FROM		DATE OF DECLARATION		
REMITTER ADDRESS		CITY, STATE		
ZIP CODE	REMITTER PHONE			
<p>I, the above-named <input type="checkbox"/> remitter, or <input type="checkbox"/> payee, do hereby declare the following in regards to the above-described check (herein after referred to as "the item"):</p> <p>_____ 90 days have elapsed from the date of purchase of the item. initial</p> <p>_____ I am not in possession of the item. initial</p> <p>_____ I am the remitter, or payee named on the item. initial</p> <p>_____ My loss of possession of the item was not the result of a transfer by me or lawful seizure. Initial</p> <p>I cannot reasonably obtain possession of the item because, (please check one):</p> <p><input type="checkbox"/> The item was destroyed.</p> <p><input type="checkbox"/> The item's whereabouts cannot be determined.</p> <p><input type="checkbox"/> The item is in the wrongful possession of an unknown person or a person that cannot be found, or is not amendable to service of process.</p> <p><b>I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:</b></p>				
NAME		CITY	STATE	COUNTY
SIGNATURE			DATE	
<b>Claim for Amount of Lost, Destroyed, or Stolen Cashier's Check</b>				
REISSUE CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAIL CHECK TO ADDRESS ABOVE OF: <input type="checkbox"/> Remitter <input type="checkbox"/> Payee	REISSUED CHECK NUMBER:	REDEPOSIT FUNDS: <input type="checkbox"/> No <input type="checkbox"/> Yes, Acct #: _____	
CLAIMANT'S NAME		CLAIMANT'S PHOTO ID		
CLAIMANT'S SIGNATURE			DATE	

If this form is not submitted electronically, please return the completed and signed form to:  
BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750