

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	

I, the above-named remitter, or payee, do hereby declare the following in regards to the above-described check (herein after referred to as "the item"):

____ 90 days have elapsed from the date of purchase of the item.
initial

____ I am not in possession of the item.
initial

____ I am the remitter, or payee named on the item.
initial

____ My loss of possession of the item was not the result of a transfer by me or lawful seizure.
Initial

I cannot reasonably obtain possession of the item because, (please check one):

- The item was destroyed.
- The item's whereabouts cannot be determined.
- 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.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

NAME	CITY	STATE	COUNTY
SIGNATURE		DATE	

Claim for Amount of Lost, Destroyed, or Stolen Cashier's Check

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 or fax to 206-805-5612.