

Order to Resist Payment and Declaration of Loss

(For Cashier's Check, Teller's Check or Official Check Only)

In this Order to Resist Payment and Declaration of Loss the words "I", "Me" "My", "Mine" mean the Claimant(s) who sign the Certification hereunder, and the words "You," "Your," "Yours," and "Xceed Financial" mean Xceed Financial Federal Credit Union.

1. Order to Resist Payment

Check Number _____ **Check Drawer (i.e. purchaser of the Check)** _____

Check Payee _____

Check Issuance Date: _____ **Check Amount:** _____

I hereby assert a claim to the above-described cashier's check, teller's check or official check ("Check") and request payment equivalent to the Check Amount in the following manner (choose one):

- Please issue a check in my name and mail the check to: _____
- Please deposit funds to my Xceed Financial account number: _____

My Declaration of Loss is attached hereto. I understand that my claim has no legal effect and the Check may be paid until my claim becomes enforceable. A claim becomes enforceable at the LATER of:

1. The time the claim is asserted; or
2. The 90th day following the date of the Check.

I further understand that my claim may be unenforceable if the Declaration of Loss fails to meet the requirements of Section 3-312 of the Uniform Commercial Code or if it fails to reach Xceed Financial at a time and in a manner which affords Xceed Financial reasonable time to act on it before the Check is paid.

I agree to provide reasonable personal identification if so requested by Xceed Financial.

I agree to indemnify and hold harmless Xceed Financial, its successors and assigns, from and against liability, damage, claim, loss or proceeding made or brought upon Xceed Financial which may arise from or relate to this Order to Resist Payment and /or Declaration of Loss.

I shall furnish, upon demand, a bond or other security, as Xceed Financial may deem necessary to protect Xceed Financial's interests under this Order to Resist Payment and /or Declaration of Loss. In the event the Check shall hereafter come into my possession, I agree to return the Check to Xceed Financial.

I acknowledge that the Check has not been delivered, endorsed, or assigned to any payee(s), and understand and agree that Xceed Financial may not honor this Order to Resist Payment if the Check has been delivered, endorsed, or assigned.

I understand that you may not be able to resist payment on the Check. If you are unable to resist payment, I agree that Xceed Financial shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from you on account thereof, and my remedy shall be to prove and recover only such actual damages as may be occasioned to me in connection with the payment of the item.

I understand that I must supply you with exact information regarding the Check Amount, the Check Number, the Check Payee and Check Issuance Date. If I do not supply you with complete and accurate details regarding this Check, I understand that this Order to Resist Payment may not be effective and Xceed Financial shall not be liable for payment of the Check.

I understand I must notify you if and when the reason for the Order to Resist Payment ceases to exist.

I understand and agree that this Order to Resist Payment and Declaration of Loss must: (a) be executed by all properly identified Claimant(s) at one of Xceed Financial Centers in the presence of an Xceed Financial Associate; or (b) have all Claimant(s) signature(s) properly acknowledged by a commissioned notary public.

I acknowledge receipt of a copy of this Order to Resist Payment and Declaration of Loss and accept and agree to the terms hereof.

2. Declaration of Loss

I certify that:

- a. I am/was the: (check what applies) Check Drawer Check Payee;
- b. I lost/do not have possession of the Check; and,

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2. Declaration of Loss (cont.)

- c. The loss of possession was NOT the result of a transfer of the Check or a lawful seizure and I cannot obtain possession of the Check because: (choose one)
- the Check was destroyed. Describe how (in fire, shredder, etc.): _____
 - the whereabouts of the Check cannot be determined; or
 - the Check is in the wrongful possession of a person that cannot be found or is not amenable to service of process.

3. Certification

I understand and agree to the terms and conditions of the Order to Resist Payment and certify under penalty of perjury, that the information stated on the Declaration of Loss is true and correct.

Name of Claimant: _____

Signature of Claimant: _____ **Date:** _____

Name of Claimant: _____

Signature of Claimant: _____ **Date:** _____

Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____ (insert name and title of the officer) personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature: _____ (Seal)

ORIGINAL FORM MUST BE RETURNED:

1. **By mail to: XCEED FINANCIAL FEDERAL CREDIT UNION**
888 North Nash Street, El Segundo, CA 90245-9975
Attn: _____
2. In person at any of Xceed Financial Centers, find the one closest to you at xfcu.org.

ONLY ORIGINAL FORM WILL BE ACCEPTED.

FOR XCEED FINANCIAL USE ONLY

Charge Collected \$ _____ Initials _____

In place of the notary acknowledgement, if the Claimant(s) sign(s) this form in the presence of an Xceed Financial Associate, the following must be completed:

Claimant(s) Identity Verified by (Xceed Financial Associate's Name) _____ Date _____

Identification Used (type, ID number, expiration date) _____

Identification Used (type, ID number, expiration date) _____