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

Notary Public (Required)
Subscribed and sworn to before to me this _____ day of _____, 20____

_____
Notary Public
County of _____ State of _____
My Commission expires _____   Seal