



Baptist Health

FEDERAL CREDIT UNION

**HOLD HARMLESS INDEMNITY AGREEMENT
(Lost, Stolen or Destroyed Official Check)**

I _____ the ☐ remitter or ☐ payee of the official check described below, hereby assert a claim to the following described official check, and request payment of the amount of the check. Here under is my declaration of loss in accordance with Florida Statutes §673.3121.

Check Date	
BHSFFCU Official Check Number	
Amount	
Payee (Pay To The Order Of)	
Remitter's Name	

It is my understanding that this claim has no legal effect until it is enforceable. According to the statute, a claim becomes enforceable at the of (a) The time the claim is asserted; or (b) The 90* day following the date of the check, or The 90° day following the date of the acceptance, in the case of a certified check.

It is further understood that this claim may be enforceable if the declaration of loss fails to meet the requirements of Florida Statute §673.3121 of the Uniform Commercial Code or if it fails to reach the Credit Union at a time to give it reasonable opportunity to act on it before the check is paid.

DECLARATION OF LOSS

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:

- ☐ Check was destroyed;
- ☐ Check's whereabouts cannot be determined;
- ☐ Check is in a wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.

The following is a brief description of the reason for the loss, theft or destruction of the official check.

The statements made herein are made under penalty of perjury and I warrant them to be true and correct.

I understand that if this claim is paid and the official check is later presented for payment by a person having the rights of a holder in due course, I am obliged to either refund the payment to the Credit Union if the check is paid or pay the amount of the check to the person having rights of a holder in due course if the check is dishonored.

I agree to provide reasonable identification if so requested by the Credit Union.

Signature of Claimant (Remitter/Payee)

Home/Business Address

Date (MM/DD/YY)

City/State Zip Code

Subscribed and sworn to (or affirmed) before me this _____ day of _____ by
_____ who personally know to me or has produced the
following type of picture identification _____.

Signature of Notary Public

Notary Stamp or Seal

For Credit Union use:

Vendor Verification Date _____ Initials _____ Replacement Check # _____

Date reissued or Account Credited _____

☐ Re-deposit hinds to remitter's account

☐ Reissue check to original payee same account

Management Approval_(Initials)_____

Accounting Notified _____ Yes _____ No