

AFFIDAVIT AND INDEMNITY AGREEMENT

STOP PAYMENT REQUEST ON: OFFICIAL CHECK CERTIFIED CHECK
 REASON FOR STOP PAYMENT: LOST STOLEN DESTROYED

PART I: DECLARATION OF LOSS

I, _____, being duly sworn, do on oath depose and say that I reside at _____.
 I make this affidavit of declaration of loss of the check described herein for the purpose of requesting a replacement check be issued. I have lost possession of the check. I am the: purchaser or drawer of the check payee of the check. The loss of possession of the check was not the result of a transfer or lawful seizure.

That the Stop Payment Request incorporated herein describes the check and indicates any and all known facts related to the loss of possession of the check. I further acknowledge that the Bank will rely upon the truth and accuracy of the statements made herein and in the Stop Payment Request in making a determination as to the disposition of this matter. This Affidavit of Declaration of Loss and Stop Payment Request are made voluntarily. The signature below is my own and proper signature.

As the purchaser/payee of the check described herein, under oath, I declare that:

I received the check, but it was lost on or about _____, I received the check, but it was stolen on or about _____, I received the check, but it was destroyed on or about _____, I never received the check.

I agree to provide any information required of me by the Bank and understand that my failure to do so will result in the denial of this request. I understand that the Bank is not required to issue a replacement check for ninety (90) days. I acknowledge that the Stop Payment Request is not valid if the check describe herein has been accepted for payment prior to my requesting the stop payment. Being duly sworn, the undersigned deposes and says that information herein is correct and understands that the Bank will rely on it for the purpose of processing this request.

Claimant's Name: _____ Address: _____
 Social Security Number: _____ Identification 1: _____ 2: _____
 Daytime Telephone Number: _____ Evening Telephone Number: _____

Claimant's Signature: _____ Date: _____

State of _____ Subscribed and sworn to before me this _____ day of _____,
 Country of _____ My commission expires _____

 Notary Public

PART II: STOP PAYMENT REQUEST

Date/Time of Request:	Branch #: _____ CSR #: _____	Check Number:	Check Amount \$:	Date of Check:
Is the check still outstanding: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation ID #:	Payee:	Account Number (if Certified Check):	
How, when, & where did this occur?				

PART III: REPLACEMENT CHECK ISSUED FOR OFFICIAL CHECK OR CERTIFIED CHECK

Replacement Check Issued PRIOR to Expiration of the 90 Day Waiting Period	Replacement Check Issued AFTER the Expiration of the 90 Day Waiting Period
<p>A) Indemnification Agreement: In consideration of payment of this check, I agree to indemnify the Bank against any loss, claim, expense or attorney's fees. Indemnification is by (check one):</p> <p><input type="checkbox"/> Indemnification Bond: I agree to give you a bond which will be for 2 years and for twice the amount of the lost check. It will also have a surety that you will accept. (Attach the Bond to this form)</p> <p><input type="checkbox"/> Bank Deposit Account Held as Collateral for 90 Days Deposit Account Number: _____ Expiration Date: _____ Dollar Amount held for collateral: _____</p> <p><input type="checkbox"/> There is a 30 day waiting period to reissue a check for \$1000 or less. Indemnification agreement is not necessary.</p> <p><input type="checkbox"/> Evidence of Destroyed Check: Attach the destroyed check to this form</p> <p><input type="checkbox"/> Webster Bank Monthly Dividend Check</p> <p>_____ Manager Approval Approval Date</p> <p>B) Replacement Check: Received of the Bank a replacement check PRIOR to the expiration of the 90 day waiting period and a copy of the Affidavit and Indemnity Agreement. Replacement is by (check one):</p> <p style="text-align: center;">REPLACEMENT CHECK MUST BE MADE PAYABLE TO THE ORIGINAL PAYEE (Attach a copy of the check)</p> <p><input type="checkbox"/> Official Check # _____ <input type="checkbox"/> Certified Check # _____</p> <p>_____ Signature of Claimant Date</p>	<p>A) Replacement Check: Received of the Bank a replacement check AFTER the expiration of the 90 day waiting period and a copy of the Affidavit and Indemnity Agreement. Replacement is by (check one):</p> <p style="text-align: center;">REPLACEMENT CHECK MUST BE MADE PAYABLE TO THE ORIGINAL PAYEE (Attach a copy of the check)</p> <p><input type="checkbox"/> Official Check # _____ <input type="checkbox"/> Certified Check # _____</p> <p>_____ Signature of Claimant Date</p>

PART IV: RELEASE OF STOP PAYMENT ORDER

The Bank is hereby authorized and directed to release the above describe Stop Payment Order as of the date written below.

 Signature of Claimant Date Time

Released by: _____