



OFFICIAL CHECK

DECLARATION OF LOSS AND CLAIM FOR REIMBURSEMENT

MEMBER
NAME _____

MEMBER ACCOUNT
NUMBER _____

Check Number _____ Check Amount _____

Date Check Issued _____

Payee _____

Reissue check ___ YES ___ NO

This Declaration is valid only if the Official Check detailed above has not cleared as of the business day this document is received by Vons Credit Union.

**NOTE THAT CREDIT MAY NOT BE ISSUED FOR 90 DAYS FOLLOWING
DATE THE OFFICIAL CHECK WAS ISSUED.**

I further understand that my account will be charged a \$20.00 fee for each check and this request is non reversable.

(Member Signature)

(Date)

FAX 626-246-3127