



70 Westview Street
 Lexington, MA 02421
 617-253-2845
 www.mitfcu.org

CASHIER'S CHECK INDEMNIFICATION AGREEMENT

Member Name: _____ **Member Number:** _____

Address: _____

Phone Number: _____ **Date of Request:** _____

Whereas, the MIT Federal Credit Union (Lexington, Massachusetts) did at my request issue and deliver to me its MIT Federal Credit Union check number _____, dated _____, for the amount of _____, payable to the order of _____.

Which check has been lost, stolen, or destroyed without negotiation by me under the following exact circumstances.

Whereas, the MIT Federal Credit Union has been requested to issue a duplicate or duplicate equivalent, I, _____, for myself, my heirs, executors, administrators, and assigns covenant and agree to save the said MIT Federal Credit Union harmless and indemnified against any and all loss, cost, or damage which it may ever suffer or sustain because of negotiation or presentation of said original check, or its action in issuing a duplicate (or duplicate equivalent) thereof, and I further agree to return said original check to MIT Federal Credit Union should it ever be found by or returned to me.

Member Signature

Date

Printed Name

Notary Acknowledgement

State/Commonwealth of _____

County of _____

Witness my hand and official seal on this the _____ day of _____, 20____.

Notary Signature

Date

My Commission Expires: _____

(STAMP/SEAL)