



Educational & Governmental

EMPLOYEES FEDERAL CREDIT UNION

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Branch Office: 22 West 1st Street • Room 311 • Mt. Vernon, New York 10550 • Phone: (914) 664-2646 • Fax: (914) 664-7991

Teller's Check Stop Payment Affidavit

I, _____ being duly sworn, depose and say:

1. That I am the remitter/payee Teller's Check No. _____, drawn by me from
Account Number _____, at Educational & Governmental Employees FCU, Mt. Vernon, NY.
In the amount of _____, dated _____ and made
Payable to _____.

2. That at least ninety (90) days have passed from the date the check was issued.

3. That the Teller's check was either (i) destroyed or (ii) it whereabouts cannot be determined or (iii) it is in the wrongful possession of an unknown person or person that cannot be found or a person that is not amenable to service of process.

4. That a written stop payment order on the Teller's check was made on _____, and
A copy of said order is attached hereto.

5. That this affidavit is made to Section 4-403(2) of the Uniform Commercial Code of New York.

6. That the undersigned will continue to be obligated to pay, subject to available defenses, the amount of the Teller's check to any subsequent holder or indorser who takes it up.

Signed: X _____

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____

_____, Notary Public