



211-31 Jamaica Avenue
 Queens Village, NY 11428
 Email: Visit www.QsideFCU.org/secure-email
 Phone: (718) 353-1300
 Fax: (718) 353-5399
www.QsideFCU.org

Cashier's Check Stop Payment Affidavit

STATE OF NEW YORK)
) ss.:
 COUNTY OF _____)

I, _____ (Remitter's or Payee's name) being duly sworn, depose and say:

1. That I am the Remitter/Payee of Cashier's Check No. _____, drawn by me from account number _____ at Qside Federal Credit Union, in the amount of \$_____, dated _____ 20____, and made payable to _____ (the "Cashier's Check").
2. That at least ninety (90) days have passed from the date the Cashier's Check was issued.
3. That the Cashier's Check was either (i) destroyed or (ii) its 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 Cashier's Check was made on _____, 20____ and a copy of said order is attached hereto.
5. That this affidavit is a made pursuant 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 Cashier's Check to any subsequent holder or endorser who takes it up.

 Remitter/Payee Signature

 Remitter/Payee Printed Name

Sworn to before me this _____ day of _____, 20____.

 Notary Public