



**AFFIDAVIT OF LOSS OF PERSONAL MONEY ORDER  
AND INDEMNITY AGREEMENT**

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )

Member Account # \_\_\_\_\_

\_\_\_\_\_, being duly sworn, on oath says that Personal Money Order No. \_\_\_\_\_ for \$ \_\_\_\_\_ was purchased by the affiant on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, **WAS OR WAS NOT (please circle)** signed by the affiant and was made payable to \_\_\_\_\_; and to the best information and belief of affiant said instrument was lost, destroyed or stolen prior to delivery thereof to the payee and has not been indorsed by the payee.

Affiant makes this Affidavit for purposes of inducing Interra Credit Union to stop payment on said instrument so believed to have been lost, destroyed or stolen and either to reimburse the affiant in the sum equal to the dollar amount of said instrument or to issue another similar instrument in replacement thereof. As a further inducement therefore, the affiant agrees to hold harmless Interra Credit Union from all loss or damage which may come to it on account of refusal to make payment on said lost, destroyed or stolen instrument. Affiant further agrees to indemnify Interra Credit Union for the total amount of said instrument, and any and all expenses, attorney fees or damages whether statutory or otherwise, incurred in either paying such lost, destroyed or stolen instrument if ever presented for payment, refusing to make payment on said instrument, or defending any suit thereon.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name of Affiant – Please type or print

\_\_\_\_\_  
Address

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )

Before the undersigned, a Notary Public in and for said county and state aforesaid, personally appeared \_\_\_\_\_, and acknowledged the execution of the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Residing in \_\_\_\_\_ County, IN  
My Commission Expires: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Stop Payment Called To: \_\_\_\_\_ (Acct. Dept) Date: \_\_\_\_\_ Fee Charged

Method of Reimbursement:

Credited Account of: \_\_\_\_\_

Issued Replacement MO #: \_\_\_\_\_

(Accounting) Stop Payment Placed By: \_\_\_\_\_ Date: \_\_\_\_\_