

# MONEY ORDER AFFIDAVIT

STATE: ) COUNTY: )

Western Union Financial Services, Inc.

PO Box 7030

Englewood, Colorado 80155-703

1-800-999-9660

I, , at and

Subscribed and sworn to before me this day of 20

My commission expires:

NOTARY PUBLIC

*(Notary Stamp, if applicable)*

*(Full Legal Name ) (Daytime Phone Number)*

of ,

*Street City State Zip Code*

duly sworn, do depose and say:

1. I am the **PAYEE** / **PURCHASER** (**mark one**) of the money order issued by Western Union Financial Services, Inc., or Integrated Payment Systems Inc. (“**Money Order**”), described below:

|  |  |
| --- | --- |
| **Money Order Number:***(11 Digits)* |  |
| **Face Amount of Money Order:** |  |
| **“Purchaser” Name**:*(Who purchased the Money Order)\** |  |
| **“Payee” Name***(Who the Money Order is payable to)\** |  |
| **I am requesting this refund on behalf of a Company.** (*Yes or No)\** |  |
| **Date and time of Money Order Purchase:** |  |
| **Name and Address of Western Union Agent Location Where The Money Order was Purchased** |  |

***\* if the party requesting a refund is a company (e.g. a corporation, LLC, etc.) please also complete page 2.***

1. Upon information and belief, the Money Order was ; and

*(Lost, destroyed, stolen, etc.)*

1. Neither the Purchaser, nor the Payee, has cashed, negotiated, deposited, transferred, received payment or received a benefit of any kind, directly or indirectly, from the Money Order.

THEREFORE: To induce Western Union Financial Services, Inc and/or Integrated Payment Systems Inc. (collectively, “Western Union”) to refund the face amount of the Money Order and in consideration of such payment, I authorize Western Union to issue a stop payment order on the Money Order, and I agree to pay Western Union a

$15.00 non-refundable processing fee for this request; I understand that if the Money Order has been paid, I will only receive a copy of the Money Order and not a refund. I agree to indemnify and hold Western Union harmless against any and all damages, costs, expenses and/or liability arising out of, or otherwise connected with, my representations herein, including any actions taken by Western Union in reliance upon such representation, this refund, the Money Order, or as a result of the negotiation of the Money Order.

Signature Date



# MONEY ORDER AFFIDAVIT-COMPANY ADDENDUM

Western Union Financial Services, Inc.

PO Box 7030

Englewood, Colorado 80155-703

1-800-999-9660

Subscribed and sworn to before me this day of 20 .

My commission expires: .

NOTARY PUBLIC

*(Notary Stamp, if applicable)*

STATE: ) COUNTY: )

I, , am the

*(Full Legal Name ) (Formal Business Title or Position)*

of (the “**Company**”) , (*Legal Name of Entity)*

a organized, incorporated or existing under the laws of the state of **,**

*(State Entity Type, e.g. Corp., LLC, etc, ) (State of Incorporation or Organization)*

and with its principal place of business located at:

 ,

*Street City State Zip Code*

being duly sworn, do depose and say:

1. I am requesting a refund of the face value of the Money Order, and executing this Affidavit on behalf of the Company; and
2. I have the power and authority to act on Company’s behalf, including the power to request this refund and execute this Affidavit on Company’s behalf; and
3. Neither the Company, nor any person acting on Company’s behalf, has cashed, negotiated, deposited, transferred, received payment or received a benefit of any kind, directly or indirectly, from the Money Order;

Signature Date