

**INDEMNITY AGREEMENT  
REQUEST TO CANCEL CAPITAL ONE CHECK**

Dear Valued Customer,

You have asked us to cancel a Capital One check which was previously issued at your request. If this check is in the hands of another party, that party may have a special status called Holder in Due Course. We may be liable to pay a Check to a holder in due course, whether or not the check has been canceled. Therefore, it is our policy not to cancel any check unless our customer claims it is lost, stolen or destroyed, and then either executes the indemnity agreement below or waits 90 days for a replacement check. We reserve the right to pay any canceled check if it is properly presented.

**TO CAPITAL ONE: Please cancel Capital One check # \_\_\_\_\_ which you issued at my request on \_\_\_\_\_ (date) in the amount of \_\_\_\_\_ made payable to \_\_\_\_\_.**

**My reason for this request is that the check has been (check one):**

☐ **LOST**    ☐ **STOLEN**    ☐ **DESTROYED.**

**To the best of my knowledge, it has not been delivered to or endorsed by a third party.**

I agree to return the original check to you if it is found. I agree that canceling this check is only for my accommodation and I hereby hold you harmless from all claims and liability in the event this check is paid for any reason on or after the date of this request.

In consideration of your efforts to cancel payment of this check, I agree to indemnify you at all times against loss, damages, cost and expenses, including attorney's fees and court costs, suffered or incurred by you, and against all claims, demands, suits and controversies whether groundless or not made against you by reason of your canceling payment of such check, or by the issuance of a replacement check, or both.

**I have read, understand and agree to the terms of the notice to customer set forth above. I declare under penalty of perjury that the foregoing is true and correct.**

**Customer/Check "Purchaser's" Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(Street, City, State and Zip)*

**Customer/Check "Purchaser" Signature:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Please Complete/Sign form and Mail/Fax to the following address:

Mail to:  
Capital One  
P.O. Box 180  
St. Cloud, MN 56302-0180

**OR**

Fax to:  
**1-877-650-3528**  
ATTN: CORR