			DATE	
AFFIDA	VIT OF FOR	BERY INDEMNITY AGREE	MENT FINANCIAL INSTITUTION	ON:
AFFIANT			ENIED (175
			ENERG	ZE
Address:			CREDIT UNI	ON \
DATE	NUMBER	PAYEE	MAKER	AMOUNT
are □ Af (th un □ Af	attached hereto as fiant's checks were e "Checks") have n authorized. fiant's endorsemen	s Exhibit B. e lost or stolen on or about/ not been authorized by Affiant and A	/20	Any checks dated thereafter Checks as forged or
Person losses of time ling properl	as set forth in the a or costs including a nits imposed by lar y return the Check	account agreement, hereby agrees to interest that the cut as a second that the cut are cut are cut as a second that the cut are cut are cut as a second that the cut are cut are cut as a second that the cut are cut are cut are cut as a second that the cut are cut are cut are cut as a second that the cut are c	f of the owner of the Account if the Andemnify the CU and hold the CU has result of the failure of the CU to return thall have arisen as a result of the CU.	rmless from any and all n any Check(s) within the s negligence in failing to
be the s	subject of the Chec	k(s) or in any way related to the Chec	ased or received the benefit of any goodsk(s).	
. Affiant	believes that the C	Check(s) were stolen from Affiant's (l	nome, car etc.)kn tly signed by persons unknownkn or contacted local law enforcement o	own to Affiant Affiant
. Affiant	acknowledges that	(mark correct response) filed a report t this affidavit may be shared with oth n of persons who may be responsible	ners, including law enforcement office	fficers regarding this theft.
State of O	klahoma	County of		
Subscribed	l and sworn before	me this	Affiant Signature	
auy 01		, 20	Address of Affidit	

Phone No.:

Notary Public

My Commission Expires: