

**Arizona Bricklayers • Ceramic Tilelayers
Pension and Vacation Trust Funds**

ADMINISTRATIVE OFFICE

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**VACATION BENEFIT CHECK TRACER REQUEST
& INDEMNITY AGREEMENT**

DATE: _____

NAME: _____

SSN: _____

PHONE: (____) _____ - _____

ADDRESS: _____

CHECK NUMBER: _____ ISSUE DATE: **DECEMBER 1, 20**____ AMOUNT: \$ _____

CHECK NUMBER: _____ ISSUE DATE: **DECEMBER 1, 20**____ AMOUNT: \$ _____

CHECK NUMBER: _____ ISSUE DATE: **DECEMBER 1, 20**____ AMOUNT: \$ _____

PLEASE STOP PAYMENT ON THE ABOVE CHECK(S) AND ISSUE A REPLACEMENT. TO THE BEST OF MY KNOWLEDGE THE ORIGINAL WAS: **(CHECK ONE)**

NEVER RECEIVED

LOST

DESTROYED

STOLEN

I AGREE TO RETURN THE ORIGINAL UN-CASHED INSTRUMENT DIRECTLY TO YOU SHOULD IT COME INTO MY POSSESSION AT ANY TIME.

THIS IS TO ADVISE THAT THE ORIGINAL INSTRUMENT HAS NOT BEEN ENDORSED OR TRANSFERRED BY ME AND THAT, SHOULD THE INSTRUMENT BE CASHED, I AGREE EITHER TO EXECUTE AND DELIVER TO YOU AN AFFIDAVIT STATING THAT SUCH ENCASHMENT WAS EFFECTED WITHOUT MY SIGNATURE OR AUTHORITY, OR TO INDEMNIFY YOU AGAINST ANY LOSS, DAMAGE, COST OR EXPENSE WHICH MAY BE SUSTAINED BY YOU BY REASON OF YOUR ISSUING AND DELIVERING A NEW INSTRUMENT TO ME.

PAYEE SIGNATURE

DATE