

**Indemnity Bond
for Lost ERO Fee Check - NOT ENDORSED**

Electronic Return Originator: _____ **EFIN:** _____

Company Name On Check: _____

Check Number: _____ **Amount:** _____

Reason for Requesting Check Replacement:

Whereas Cashier's Check # _____ drawn on and issued by Santa Barbara Bank & Trust, Santa Barbara, California ("**Bank**") to the above-mentioned Electronic Return Originator ("**ERO**") / Company and bearing date of _____ for the amount of \$ _____ and made payable to the ERO / Company, has been lost or stolen from the ERO / Company, lawful owner and holder thereof, and *has not been endorsed by the ERO / Company*, nor has it been transferred, assigned, pledged or delivered to any other person whomsoever;

AND, WHEREAS, said ERO / Company has requested the Bank to pay to the ERO / Company the amount of said Cashier's Check without surrender or delivery of the same;

NOW, THEREFORE, in consideration of the Bank paying the amount of said lost or stolen Cashier's Check without requiring its surrender or delivery, the undersigned ERO / Company as principal, is firmly bound unto and hereby, jointly and severally, promise, covenant, agree and guarantee to fully protect, hold harmless and save the Bank free from any and all losses, claims, damages, judgments, costs, attorney's fees and expenses of suits and otherwise which it may at any time or times hereafter incur, expend or become obligated in any manner to pay by reason of having paid the amount of said Cashier's Check without its lawful surrender or delivery for payment.

This obligation shall bind the heirs, administrators, executors and successors of all the parties herein before mentioned.

Executed at: _____ Date: _____
Address

Current Mailing Address:

Signature-ERO

EFIN

Authorized Signature--SANTA BARBARA BANK & TRUST

Date