

Stop Payment Request

Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Account Number: _____

Check /Item Number: _____ Amount: \$ _____ Date of Item: _____

Payable To: _____ Service Fee: \$ _____

I understand that the Credit Union will not be responsible for stopping payment unless my request is received by the Credit Union to act on:

1. Within a reasonable time for the Credit Union to act on my request prior to the final payment or similar action ; or
2. At least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

Draft/Check Preauthorized Electronic Fund Transfer Electronic Draft/Check Conversion

I understand that a request to stop the payment of a Preauthorized Electronic Fund transfer will only apply to the transfer scheduled for the date noted in "Date of Item/Transfer" section. If I wish to stop additional Preauthorized Electronic Fund Transfers, I understand I need to submit additional Stop Payment Requests.

Written Request Oral Request Renewal Request

I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Request will be effective as follows: for oral request (if permitted), a period of 14 days from the date of this notice; for a written request, a period of six (6) months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the state where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

Members Signature: _____ Date: _____

Staff Initials: _____ Date of Request: _____ Time Received: _____