

MEMBER NAME

MEMBER NUMBER

DAYTIME PHONE NUMBER

I request the Credit Union to stop payment on the following item(s): *(describe the check or item **exactly**; the Credit Union's computer system cannot stop an item without the exact information):*

TYPE OF TRANSACTION	ITEM NUMBER	DATE OF ITEM OR SCHEDULED TRANSFER	ACCOUNT NUMBER(S)	AMOUNT	PAYABLE TO:
<input type="checkbox"/> Check(s):*				\$	
				\$	
<input type="checkbox"/> Preauthorized EFT(s):				\$	To: <input type="checkbox"/> if checked, all scheduled payments to this Payee should be stopped immediately
				\$	To: <input type="checkbox"/> if checked, all scheduled payments to this Payee should be stopped immediately
<input type="checkbox"/> Electronic Check/ Conversion transaction(s):*				\$	
				\$	

Item Description: I warrant that the description of the item(s) above are correct. I understand that the items are processed electronically through the Credit Union's computer system and the computer system must stop the payments. If the above descriptions are not correct or complete, I understand that the computer system will not be able to stop payment and I will be responsible for payment of the item(s) and any resulting transaction fees.

***Electronic Check/Conversion Transactions:** I understand that if I authorized the conversion of an item to an electronic transaction that it will be presented for payment through the Automated Clearinghouse (ACH) process and therefore requires payment to be stopped via the ACH process. Therefore I must accurately indicate whether the above item is a check or an electronic check conversion transaction. If I do not do so, the Credit Union will not be responsible for failure to stop payment.

Stop Payment Conditions: I understand and agree as follows: (1) that in order for the payment to be stopped, Credit Union must receive the stop payment request within a reasonable time for the Credit Union to act, and some items may be paid if reasonable time to act was not given; (2) for Preauthorized Electronic Funds Transfers, that my request must be received by the Credit Union at least three business days prior to the scheduled payments; (3) that the stop payment request is conditional and subject to the Credit Union's verification that the item has not already been paid or other action already been taken to pay the item; (4) that a written or electronic Stop Payment Request is effective only for six months from the date of the request, but that I can renew the request at the time it expires; (5) to notify the Credit Union promptly upon the issuance of any duplicate item which replaces any item described above, or upon the return of the original item.

Indemnification: I agree to indemnify, defend, and hold the Credit Union harmless from all costs and expenses, including court costs and reasonable attorney's fees, damages, or claims incurred arising from the Credit Union's actions in not paying the item(s) described above, whether brought by a payee, endorsee, joint owner, or joint borrower, or arising from Credit Union's failure to stop payment due to inaccurate or incomplete descriptions of the item(s) above.

Fees: I agree to pay, and authorize you to, debit my account(s) for the Stop Payment Fee disclosed on the Rates and Fees Schedule for each item on which payment is stopped.

ACCOUNT OWNER'S SIGNATURE _____ DATE _____
 X

JOINT ACCOUNT OWNER'S SIGNATURE _____ DATE _____
 X