



## CHECK STOP PAYMENT REQUEST

Date

Member's Name  
Address

Account Number  
(City, State), Zip

Start Draft Number

Draft/Check

End Draft Number

Postdated Item

Amount of Draft

Payable To Originating Company / Information: \_\_\_\_\_

**ITEM DESCRIPTION** I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.

**ELECTRONIC DRAFT/CHECK CONVERSION TRANSACTION** I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. I warrant that the item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check Conversion.

**POSTDATED ITEMS** If this is a Postdated Item Notice, as indicated above, I hereby request the Credit Union to stop payment on the item indicated above if presented for payment prior to the date of the item. This Postdated Item Notice is subject to all terms and conditions for Stop Payment Requests.

**STOP PAYMENT REQUESTS** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union within a reasonable time for the Credit Union to act on my request prior to final payment or similar action.

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 further understand that my Stop Payment Request will be subject to the following limitations: a) an oral stop payment request is effective for a period of 14 days from the date of this request; b) for share drafts or checks, a written request is effective for a period of six (6) months from the date of this request unless I withdraw this request or renew the request in writing for additional

periods. I agree to pay the Credit Union a stop payment fee of \$25 for each request as set forth above.

**INDEMNIFICATION** 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.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*CREDIT UNION USE ONLY\*\*\*\*\*

- Oral Request: Automatically expires after 14 days.
- Written Request: Automatically expires after six (6) months unless renewed.
- Renewal of Written Request: Automatically expires after six (6) months unless renewed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time