



## Request for Share Draft / Check Stop Payment Order

Name:	Account #:
Payee:	Amount \$
Check # <span style="margin-left: 100px;">or multiple checks:</span>	Date:     /     /
Date Requested:     /     /	Time:
Reason for Stop Pay:	
	Written Request: Automatically expires after six months unless renewed.
	Oral Request: Automatically expires after 14 days without a signature request.
	Renewal Request: Automatically expires after six months unless renewed.

Teller/ MSR Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please stop pay on the check(s) described above. This stop payment order will be in effect for six months from the date of authorized signature above. The undersigned agrees to hold OFCU harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold OFCU liable on account of payment contrary to request, if same occurs through inadvertence or accident, or if by reason of such payment other items drawn by the undersigned are returned insufficient. Further, the undersigned reaffirms the terms and conditions set forth in the Membership Account Agreement, which is incorporated herein by reference. NOTE: This Stop Payment Order applies to any actions to submit the item specifically described in the paper form which you tender to the party listed as "Payable To" above. OFCU is not able to control the actions of third persons; and therefore, is not responsible or liable for any actions undertaken by any person that results in an alteration of the check described herein; or any action to convert the item to ACH or other electronic item that is then submitted for payment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above request is hereby countermanded.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_