



REQUEST FOR *SHARE DRAFT/CHECK* STOP PAYMENT ORDER

(\$25.00 PER ITEM/\$30.00 SERIES)

Name: _____ Account #: _____

Payee: _____ Amount: _____

Check No.: _____ Date Written: _____

Date of Request: _____ Time of Request: _____

Reason for Stop Pay: _____

- ☐ Written Request: Automatically expires after 6 months unless renewed.
- ☐ Oral Request: Automatically expires after 14 days without a signed request.
- ☐ Renewal Request: Automatically expires after 6 months unless renewed.

Teller/MSR Signature: _____

Please stop pay on the check(s) described above. This stop payment order will be in effect for six (6) months from the "Date of Request" above. The undersigned agrees to hold the Credit Union 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 the Credit Union liable on account of payment contrary to request, if the same occur 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. The Credit Union is not able to control the actions of a 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: _____