



CHECK STOP PAYMENT REQUEST

CHECK NUMBER	DATE OF CHECK	AMOUNT	PAYABLE TO	SERVICE FEE	MEMBER NUMBER
		\$0.00			

Date of initial Request:

Time Received:

REQUEST VERIFICATION:

- Written Request *(Automatically expires after 6 months unless renewed.)*
- Oral Request *(Automatically expires after 14 days.)*
- Renewal Request *(Automatically expires after 6 months unless renewed.)*
- Substitute Check Error *(If check cleared twice, both copies attached to request)*
- ACU Check Stop *(Must have signed copy of stop request before stop can be processed)*

1. **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, transfer, or conversion transaction. 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.
2. **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.
3. **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. The Postdated Item Notice is subject to all terms and conditions for Stop Payment Requests.
4. **STOP PAYMENT REQUEST** – I agree that the credit union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union:
 1. Within a reasonable time for the Credit Union to act on my request prior to final payment or similar action; or
 2. At least one (1) business day before the scheduled date of an item presenting on the account.

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 an oral request, a period of 14 days from the date of request; 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.

5. **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 as a result of incorrect information provided by me.
6. **SUBSTITUTE CHECKS** – In the event a check cleared my account twice or another error occurred regarding a substitute check on my account, I agree that the Credit Union has 10 business days to determine if an error occurred before any credit will be placed on my account. I also understand that my request for error resolution must be submitted to the Credit Union before 40 calendar days of the item in question clearing my account.
7. 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.

Member Signature Date

Staff Signature Date