STOP PAYMENT REQUEST
POSTDATED ITEM NOTICE

ITEM NO(S)./TYPE	DATE OF ITEM/TRANSFER	AMOUNT	PAYABLE TO	SERVICE FEE	ACCOUNT NO.
☐ Draft/Check _____ ☐ EFT/ACH	☐ Postdated Item				

Request Verification/Renewal

☐ Oral Request
(if permitted by Credit Union)

☐ Written Request

☐ Renewal Request
(6 months)

Date of Initial Request _____

Time Received _____

X _____
Member Signature Date

X _____
Member Signature Date

ACCOUNT OWNER(S):

1. **Item Description.** I request the Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT"), or ACH draft ("Item") described above. I warrant that the Item description, including the date or scheduled transfer date, its exact amount, the Item number, and payee are correct. I understand that the EXACT information on the Item 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 on the Item.
2. **Postdated Items.** If this request involves a Postdated Item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or check if presented for payment prior to the date of the Item. My Stop Payment request on a Postdated Item is subject to all other terms and conditions for Stop Payment Orders on this request.
3. **Stop Payment Order.** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT or ACH draft. 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 Order will be effective as follows: for an oral request (if permitted by the Credit Union), a period of fourteen (14) days from the date of this request; for a written request, a period of six (6) months from the date of this request unless I withdraw this order or renew the order 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 order 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.
4. **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.

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To reorder call -800-356-5012

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