

**STOP PAYMENT REQUEST/ POSTDATED ITEM NOTICE**

Type of Transaction	Item Number	Date of Item/Transfer	Amount	Payable To	Service Fee	Member Number/ Account Number
<input type="checkbox"/> Draft/Check <input type="checkbox"/> Preauthorized Electronic Fund Transfer <input type="checkbox"/> Electronic Draft/Check Conversion Transaction		<input type="checkbox"/> Postdated Item				

<b>1.</b>	<p><b>ITEM DESCRIPTION-</b> I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), Pre-authorization Electronic Fund Transfer, or Electronic Draft/Check Conversion 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 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 the payment.</p>
<b>2.</b>	<p><b>ELECTRONIC DRAFT/CHECK CONVERSION TRANSACTION-</b> 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) process. Unless the box for Electronic Draft/Check Conversion Transaction located above under the "TYPE OF TRANSACTION" section is marked. I warrant that the item upon which I am requesting to stop payments 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 Transaction and I have not indicated that above.</p>
<b>3.</b>	<p><b>PREAUTHORIZED ELECTRONIC FUND TRANSFER-</b> I understand that a request to stop payment of Preauthorized Electronic Fund Transfer will only apply to transfer scheduled for the date noted in the "DATE OF ITEM/TRANSFER" section. If I wish to stop additional preauthorized Electronic Fund Transfers, I will submit additional Stop Payment Requests.</p>

<b>4.</b>	<p><b>POSTDATED ITEMS-</b> If this is a Postdated Item Notice, as indicated above, thereby 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.</p>
<b>5.</b>	<p><b>STOP PAYMENT REQUESTS-</b> 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 three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer. 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 (if permitted by the Credit Union), a period of 14 days from the date of this request, for a written request, a period of six (6) months for checks from the date of this request or permanent for other electronic methods 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 set forth above.</p>

<b>6</b>	<p><b>INDEMNIFICATION-</b> 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 or the item, including claims of any owner, payee of endorsee, or in failing to stop my prepay of an item as a result of an incorrect information provided by me.</p>
<b>7.</b>	<p><b>THIS STOP PAYMENT REQUEST-</b> 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.</p>
<b>REQUEST VERIFICATION/RENEWAL</b>	
	Written Request (Automatically expires after 6 months unless renewed for checks due to stale dated item)
	Oral Request (If permitted, automatically expires after 14 days)
	Renewal Request (Automatically expires after 6 months unless renewed for checks)

A stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver, or (2) the return of the debit entry, or where the stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of such debit entry.

X \_\_\_\_\_  
Member Signature Date

X \_\_\_\_\_  
Member Signature (for revoke of previous stop request) Date

Date of Initial Request: \_\_\_\_\_ Time Received: \_\_\_\_\_

\_\_\_\_\_  
Credit Union Employee Date

\*Revoke of Stop Payment requests remove the stop and will allow items to process.\*