



STOP PAYMENT REQUEST POSTDATED ITEM NOTICE

Table with columns: ITEM NO(S)/TYPE, DATE OF ITEM/TRANSFER, AMOUNT, PAYABLE TO, SERVICE FEE, ACCOUNT NO. Includes checkboxes for Draft/Check, EFT/ACH, and Postdated Item.

Item Description. I request the Credit Union to stop payment on the share draft, check, pre-authorized 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.

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.

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, at least one business day, 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 pre-authorized EFT or ACH draft.

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.

REQUEST VERIFICATION/RENEWAL

- Oral Request
Written Request
Renewal Request (6 months)

Date of Initial Request: _____

Time Received: _____

Received By: _____ / _____ / x

ACCOUNT OWNER(S) - Print Name(s) and Address:

Member Signature _____ Date _____

Member Signature _____ Date _____

** CUT HERE **



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ACCOUNT OWNER(S) - Print Name(s) and Address:

Member Signature _____ Date _____

Member Signature _____ Date _____