



Stop Payment Request Postdated Item Notice

ITEM NO(S)/TYPE	DATE OF ITEM	AMOUNT	PAYABLE TO	SERVICE FEE	ACCOUNT NO.
<input type="checkbox"/> DRAFT/CHECK # _____ <input type="checkbox"/> Preauthorized Electronic Funds Transfer <input type="checkbox"/> Electronic Draft/Check Conversion Transaction	<input type="checkbox"/> Postdated Item				

- Item Description.** I request the Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer (EFT), or Electronic Draft/Check conversion transaction (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.
- Electronic Draft/ Check Conversion Transaction.** I understand that if I authorized the conversion of my check or draft to an electronic transaction that it will be presented for payment through automatic clearing house (ACH) processes. Unless the box for Electronic Check Conversion located above, under the Item No(s)/Type section is marked, I warrant that the transaction upon which I am requesting to stop payment is not an electronic check conversion transaction. I understand that the credit union will stop this transaction if it is an electronic check conversion transaction and I have not indicated that above.
- Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a preauthorized electronic funds transfer will only apply to the transfer scheduled for the date noted above, under the Date of Item/Transfer section. If I wish to stop additional preauthorized electronic funds transfer I will submit additional stop payment request.
- Postdated Items.** If this Notice 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 notice on a Postdated Item is subject to all other Terms and Conditions for Stop Payment Orders.
- 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:
 - within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or
 - at least three (3) business days before the scheduled date of the preauthorized Electronic Funds Transfer or Electronic Draft/Check Conversion transaction.

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: I may make oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment Order may be renewed in writing from time to time. 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.
- 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 or any joint owner, payee, or endorsee, or in failing to stop payment of an item(s) as a result of incorrect information provided by me.

REQUEST VERIFICATION / RENEWAL

<input type="checkbox"/> Written Request	Date Of Initial Request _____
<input type="checkbox"/> Oral Request	Time Requested _____
<input type="checkbox"/> Renewal Request (6 months)	X _____ Member Signature/Date
	X _____ Member Signature/Date