

# Stop Payment for Checks Only



## MEMBER INFORMATION:

Today's Date \_\_\_\_\_

Member/Account # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Check# \_\_\_\_\_ Amount \_\_\_\_\_ Date Issued \_\_\_\_\_

Payable to \_\_\_\_\_

For Range of Checks: Beginning Check# \_\_\_\_\_ to Ending Check# \_\_\_\_\_

Reason for Stop Payment:  Stolen  Lost  Dispute  Other \_\_\_\_\_

The fee for this service is \$10 which will be charged to your share draft account.

This form must be signed and returned to POLAM FCU by Mail, Fax or Email provided above.

Thereafter, the process for a draft stop payment request will be initiated and is valid for 6 months. POLAM Federal Credit Union is not liable for share drafts that have already been processed or presented.

1. ITEM DESCRIPTION. I request the Credit Union to stop payment on the share draft, check, preauthorized electronic transfer ("EFT"), 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. 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. 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 on drafts will be effective for 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/revocation fee for each request as set forth above.

3. 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 on an item as a result of incorrect information provided by me.

I have read the Disclosure and Terms and Conditions above. I agree to these conditions and hereby authorize POLAM Federal Credit Union to proceed with this Stop Payment Request.

Member Signature \_\_\_\_\_ Digital Signatures NOT Accepted \_\_\_\_\_ Date \_\_\_\_\_