

CHECK/SHARE DRAFT STOP PAYMENT ORDER

 Written Request-Original Written Request-Renewal Verbal Request*

Date _____ Account# _____ Acct Name _____

Check # (s) _____ Check Amount _____ Payee _____

Reason for Stop Payment Request _____

*For verbal requests of stop payments, the credit union will provide this form to the account holder for signature. The signed form must be returned to the credit union within 14 days of the verbal request. The verbal order will cease to be binding after 14 calendar days.

On the terms hereinafter set out, the undersigned account holder hereby instructs Culver City Employees Federal Credit Union to stop payment on the above transaction(s). The stop payment order will remain in effect for six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request by completing a new Stop Payment Request Order.

By directing the credit union to stop payment on the above transaction(s), the account holder agrees to hold the credit union harmless against any loss, claims, damages, and costs, including court costs and attorney's fees that the credit union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these exceptions or expiration thereof.

The account holder understands that the stop payment request must be received in time to give the credit union reasonable time to act upon it.

The stop payment request must be provided to the credit union in such a time and manner as to allow the credit union reasonable time to act on the request prior to acting on the paper item.

_____ Account Holder initial here.

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the credit union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of the account holder to furnish any item of information requested above completely, accurately and correctly.

A charge of **\$15.00** will be assessed to the account holder as payment for implementing this order.

I FURTHER DEPOSE AND SAY THAT THE TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY THIS UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE _____ SIGNATURE _____ PRINTED NAME _____

DATE _____ CREDIT UNION REPRESENTATIVE _____