

STOP PAYMENT

Check (Draft)

Member / Transaction Information

Member Name(s): _____

Account #: _____ Suffix #: _____

Member Phone #: _____ Member Email: _____

Check # / Range of Check #'s: _____ Amount: \$ _____

Payable To: _____

Mark the appropriate choice:

 STOP PAYMENT

(I understand the current Stop Payment fee will be charged to my account and this request will automatically expire at six (6) months from date of placement.)*

**VERBAL REQUEST (stop payment made by phone): If this form is not signed and returned to KFCU within 14 days of a verbal request, the stop payment will be considered withdrawn and will be removed from the system.*

I agree to hold the Credit Union harmless from and against any losses, claims or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure to exercise ordinary care, or (2) refusal to make payment of the stopped item. The Credit Union shall not be liable if, as a result of payment of the item subject to this order, other items drawn by me and returned due to insufficient funds. I will notify the Credit Union promptly if the issuance of a check or item which is a duplicate of the check, or item subject to this order, or upon the return of the original check. THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF SIX (6) MONTHS unless the Credit Union receives a written renewal order. The Credit Union shall not be liable for payment of any item subject to a stop payment order upon the expiration of withdrawal of such order, and the Credit Union may, in its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing. This stop payment is for ONE check or ONE continuous range of blank checks.

 REMOVAL OF STOP PAYMENT

(I understand the current Stop Payment fee will be charged to my account if this stop payment was placed at no charge via KFCU Online Banking.)

I have read this statement in its entirety and attest the information provided on this request is true and correct.

Member Signature: _____ Date: _____

Employee/Teller # _____ (Provide Copy to Member)