



Stop Payment Order and Indemnity Agreement

Refer to Stop Payment for Check/ACH Procedure prior to completing this form

Account Name		Account Number	
Individual Stop Payment			
Check Number		Amount (\$)	
Date		Payee	
Stop Range of Checks			
Low Serial Number		High Serial Number	
Date		Checks were: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	
ACH Stop Payment Order			
Amount of ACH Debit		Date of ACH Debit	
<input type="checkbox"/> Recurring Stop <input type="checkbox"/> Single Stop		Payee	
<p>STOP PAYMENT ORDER</p> <p>The undersigned (hereinafter "You") requests FAMILY SECURITY CREDIT UNION (hereinafter "the Credit Union") to stop payment on the check(s) or ACH debit(s) as stated above. It is important that the information stated above is correct. Unless the information is correctly stated, the Credit Union assumes no responsibility for stopping payment.</p> <p>In consideration of the Credit Union's compliance with this stop payment order you agree as follows: The stop payment order must be received at such time and in such a manner as to afford the Credit Union a reasonable time to stop payment on the item(s). A reasonable time shall not be less than two (2) business days before a check(s) is/are presented for payment and/or not less than three (3) business days before an ACH item(s) is/are presented for payment. If signed confirmation of this stop payment order is not made and a copy returned to the Credit Union within fourteen (14) days from the Date Order Received stated below, the Credit Union will consider this order terminated. If signed and returned to the Credit Union, the check stop payment order will remain in effect (1) for 6 months from the date of the stop payment order, (2) until payment of the entry has been stopped, or (3) until the Receiver withdraws the stop payment order, whichever occurs earliest. If signed and returned to the Credit Union, this ACH stop payment order will remain in effect until the earlier (1) the withdrawal of the stop payment order by the Receiver, or (2) the return of the debit entry, or, where a stop payment is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries.</p> <p>You agree to hold harmless and indemnify FAMILY SECURITY CREDIT UNION, its, officers, board, employees, and agents against all claims, costs, attorney's fees, damages, and other expenses or losses that may be incurred by the Credit Union, its officers, board, employees, and agents resulting directly or indirectly from the stop payment order.</p> <p>In case of lost or stolen checks, FAMILY SECURITY CREDIT UNION recommends closing the existing checking account and opening a new checking account to help prevent future losses and fraudulent activity.</p>			
Release or Renewal			
<p>If you wish to RELEASE your previous instructions, please check RELEASE on the Stop Payment form, sign your name, and return to us. If you wish to RENEW your previous instructions, please check RENEW on the Stop Payment form, sign your name, and return it to us.</p> <p><input type="checkbox"/> STOP PAYMENT: Please Stop Payment on the above check(s) or ACH debit(s). <input type="checkbox"/> RELEASE: Please release the Stop Payment on the above check(s) or ACH debit(s). <input type="checkbox"/> RENEW: Please renew the Stop Payment on the above check(s) or ACH debit(s).</p> <p align="center">PLEASE CONFIRM BY COMPLETING THIS FORM, SIGNING, AND RETURNING IT TO US.</p>			
Member Signature			Date
<p align="center">For Credit Union Use Only</p> <p>Received By: _____ Date Order Received _____ Time _____</p> <p>How Received: <input type="checkbox"/> Letter <input type="checkbox"/> Verbal Duplicate Check Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No Check No. _____</p>			