



**WSSC Federal
Credit Union**
The Better Side of Banking!
www.wsscfcu.org

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STOP PAYMENT REQUEST FORM

Account: _____ Member Name: _____

Item Number _____ Amount \$ _____, Item Number _____ Amount \$ _____

Item Number _____ Amount \$ _____, Item Number _____ Amount \$ _____

For a lost group of checks list the series of numbers _____

There is a one-time \$30.00 fee per item or a one-time \$30.00 fee for a range/series of unwritten checks.

- Item Description.** I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "Item") described above. I warrant that the above description including the exact amount, the Item number(s), and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer system to identify the Item. If I give the Credit Union the incorrect amount, Item number(s), or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.
- Electronic Draft/Check Conversion.** I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes.
- Stop Payment Requests.** 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 Request will be effective as follows; for 180 days from the date the request was placed unless I withdraw this request or renew the request 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 request or upon return of the original Item. I agree to pay the Credit Union a stop payment fee for each request set forth in this agreement.
- 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 actions in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

Member Signature _____ Date _____

Official Credit Union Use Only

Received by: _____ Date: _____ Time: _____

Processed by: _____ Date: _____ Fee: _____