

1st Community Federal Credit Union

STOP PAYMENT ORDER

(Please Print Clearly)

Member Name: _____ **Member #:** _____ **Account #:** _____ **Date:** _____

Joint Owner(s): _____ **Time:** _____

Payee(s): _____ _____ _____	Draft No(s): _____ _____ _____	Reason: _____ _____ _____
Drawn By: _____ _____ _____	Date(s): _____ _____ _____	Amount(s): _____ _____ _____

Ist Community FCU directed to stop payment on the item(s) described above drawn upon the account of _____.

I certify that I am the owner of that account (or the qualified representative/surviving heir of such owner), and I am authorized to draw checks or drafts upon that account.

I agree to reimburse 1st Community Federal Credit Union, and hold it harmless, for all expenses and costs it may incur, including attorneys fees and court costs, as a result of refusing payment of any item(s) set forth above.

I recognize that one or more items described in this Order may have been presented for payment prior to the date and hour that one or more items may be presented for payment so soon after this Order that 1st Community Federal Credit Union does not have a reasonable opportunity to act on the Order. I agree that the Credit Union shall not be liable for payment of any item described in this Order, nor for any consequence arising from such payment, if that item is presented for payment prior to or within 24 business hours (24) after the date and hour of this Order.

I agree that this order shall be ineffective to stop payment on any post-dated or conditional item and that the Credit Union may pay any such item upon presentment without regard to date or conditions imposed on that item.

I further understand and agree that 1st Community Federal Credit Union shall in no way be liable as a result of payment contrary to this request, and I agree to indemnify the Credit Union for the amount of any such payment and will further indemnify and hold harmless the Credit Union, its agents, officers, and directors, from all suits, actions, demands, judgements, or claims of every character, type or description, brought or made for or on account of the payment of any such items.

I understand that this Order must be signed to be effective in any respect, and that it will remain in effect for a period of not more than six (6) months unless renewed in writing for an additional period of not more than six (6) months. I understand that there will be a \$30.00 charge for the processing of this Order and an additional \$30.00 charge for any subsequent renewal.

I certify that the information contained in this Order is correct and complete.

X _____ X _____

Signature
Address: _____

Signature
Phone: _____

FOR CREDIT UNION USE ONLY: 1st. Community Federal Credit Union			
CREDIT UNION 1St. Community Federal C.U.	Date _____	Time Taken _____	
No. _____	Credit Union No. 6041	Taken By _____	Time Transmitted _____
Called To _____	Date Called _____	Transmitted By _____	