



STOP PAYMENT ORDER AND INDEMNITY AGREEMENT FOR CHECKS/ACH

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:
	Lost <input type="checkbox"/> Stolen <input type="checkbox"/>

ACH STOP PAYMENT ORDER

Amount of Draft	Date of Draft
\$	
Recurring Draft?	Payee
Yes <input type="checkbox"/> No <input type="checkbox"/>	

STOP PAYMENT ORDER

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.

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 business days before a check(s) is/are presented for payment and/or not less than three 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 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 order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries.

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.

RELEASE or RENEWAL: If you wish to release your previous instructions, please check the RELEASE on the Stop Payment form, sign your name, and return to us. If you wish to RENEW your previous instructions, please check the RENEW on the Stop Payment form, sign your name and return it to us.

- STOP PAYMENT:** Please Stop Payment on the above check(s) or ACH debit(s).
- RELEASE:** Please release the Stop Payment on the above check(s) or ACH debit(s).
- RENEW:** Please renew the Stop Payment on the above check(s) or ACH debit(s).

PLEASE CONFIRM BY COMPLETING THIS FORM, SIGNING, AND RETURNING TO US.

Date	Signed

FOR CREDIT UNION USE ONLY

Received By _____	Date Order Received _____	Time _____
How Received	Letter	Verbal
Duplicate Check Issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dated _____	Check No. _____	