



STOP PAYMENT ORDER AND INDEMNITY AGREEMENT FOR LOST AND STOLEN CHECKS

Account Name	Account Number

INDIVIDUAL LOST OR STOLEN STOP PAYMENT

Check Number	Amount
	\$
Date	Check was:
	Lost <input type="checkbox"/> Stolen <input type="checkbox"/>

STOP RANGE OF CHECKS

Low Serial Number	High Serial Number
Date	Checks were:
	Lost <input type="checkbox"/> Stolen <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) 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. 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 until payment of the entry has been stopped or until the Receiver withdraws the stop payment order, whichever occurs earliest.

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.

In the case of lost or stolen checks Family Security recommends closing the existing checking account and reopening a new checking account to help prevent future losses and fraudulent activity.

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

- STOP PAYMENT:** Please Stop Payment on the above check(s).
- RELEASE:** Please release the Stop Payment on the above check(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