FRB FEDERAL CREDIT UNION
STOP PAYMENT REQUEST

TYPE OF TRANSACTION	MEMBER ACCOUNT #	ITEM # OR RANGE	PAYABLE TO OR VENDOR ID #	DATE OF ITEM OR TRANSACTION	AMOUNT	FEE
☐ SHARE DRAFT ☐ TELLER CHECK ☐ ELECTRONIC DRAFT ☐ PREAUTHORIZED EFT TRANSFER						
Reason for Stop Payment:						

I request the credit union to Stop Payment on the ☐ Share Draft ☐ Teller Check ☐ Electronic Draft/CCT, ☐ Preauthorized EFT Transfer (referred to as "item" hereinafter) and described above. I warrant that the above description including the date or scheduled transfer date, its exact amount, the item number or range of numbers, the payee or vendor identification number, and the amount are correct. I understand that the exact information is necessary for the credit union computer system to identify the item. If I give the credit union the incorrect amount or any other incorrect information, the credit union will not be responsible for failing to stop the payment.

Liability – I understand that I may not put a stop payment on any teller check or guaranteed payment item/share draft. Although payment of an item may be stopped, I understand that I remain liable to any item holder, including the credit union. I agree to indemnify and hold the credit union harmless from all costs, including attorney fees, damages or claims related to the credit union refusing payment of an item, including claims of joint account owner, payee, or endorsee in failing to stop the payment of an item as a result of incorrect information provided by me.

FRB Teller Check- I understand that I may not put a stop payment on a teller check made payable to a 3rd party without the written consent of that party.

ACH Preauthorized Electronic funds Transfer – I understand that the request to stop the payment of a Preauthorized EFT will only apply to the transfer scheduled for the date noted above, under the date of item/transfer section. If I wish t stop additional preauthorized EFT items, I will submit additional stop payments requests. I understand I may not use a stop payment instruction to cancel a Preauthorized EFT recurring transfer.

Stop Payment Requests

I agree that the credit union will not be responsible for stopping payments unless my stop payment request is received by the credit union.

1. Within a reasonable amount of time for the credit union to act on my request prior to final payment or similar action; or
2. At least three business days before the scheduled date of a preauthorized transfer.

I understand that my stop payment is conditional and subject to credit union's verification that than item has not already been paid or that some other action to pay the item has not been taken. If the stop payment order is not received in time for the credit union to act upon the order, the credit union will not be liable to me or to any other party for the payment of the draft. If the credit union re-credits my account after paying an item over a valid and timely stop payment order, I agree to sign a statement describing the dispute with the payee and to transfer all my rights against the payee or other holders of the item and to assist and to assist the credit union in any legal action.

I understand that my Stop Payment request will be effective as follows:

- For oral requests: a period of fourteen (14) days from the date of this request.
- For a Written Request: a period of Six months from the date of this request unless, I 0withdraw this request or renew the request for additional period, in writing. I also agree to notify the credit union promptly upon the issuance of the original item, I agree to pay the credit union a Stop Payment fee for each request as set forth above.

☐ Oral request ☐ Written request ☐ Renewal request.

Member Name_____ _____

Print Name Signature

Staff Initials: _____ Date:_____ Time Received: _____