

STOP PAYMENT AUTHORIZATION FOR CHECKS

TEMPORARY ORDER FOR SIX MONTHS

Please print all information legibly.



Member Information

Name (First Middle Last)		Account Number		
Mailing Address	City	State	Country	Zip Code
Primary Phone Number	Work Phone Number		Email Address	

2 Stop Payment Information

Starting Check Number	Ending Check Number (only required if a range of checks)
-----------------------	----------------------------------------------------------

3 Signature

By signing below, I request that Advancial Federal Credit Union ("Credit Union") stop payment on the check described herein. I certify that I am an owner of the account described herein and that I am authorized to draw checks upon or make withdrawals from the account. **I UNDERSTAND THAT, WITH RESPECT TO CHECKS, THIS REQUEST IS EFFECTIVE ONLY FOR A PERIOD OF SIX MONTHS UNLESS I RENEW IT IN WRITING WITHIN THAT TIME. THE CREDIT UNION IS NOT RESPONSIBLE FOR NOTIFYING ME WHEN THIS STOP PAYMENT ORDER EXPIRES. I ACKNOWLEDGE THAT I MAY NOT STOP PAYMENT OF CASHIERS, CERTIFIED, OR TELLERS CHECKS. I UNDERSTAND AND AGREE THAT A FEE WILL BE ASSESSED AS SET FORTH IN THE ACCOUNT SERVICES & FEE SCHEDULE.**

I agree that the Credit Union will not be responsible for stopping payment unless this request is received by the Credit Union within a reasonable time for the Credit Union to act upon it prior to final payment of the check. I further agree that this request is conditional and is subject to the Credit Union's verification that the check has not already been paid or that some other action to pay the check has not been taken. I understand that I must provide an EXACT check number in order for the Credit Union's system to properly identify the check. I agree that the Credit Union will not be responsible for failing to stop payment on the check if I give the incorrect check number. The Credit Union does not rely on the preprinted check number on the face of the check but rather the electronically presented check number derived from the bank of first depository. I agree that the Credit Union will not be responsible if it is unable to stop payment due to the errors of any other depository institution or any other third party. I agree that the Credit Union will not be responsible if the check listed above is converted to an electronic form and presented for payment. I further understand and agree that the Credit Union will not be liable for payment of any check described herein unless the payment causes a loss to me, and in any event and subject to applicable law, the Credit Union's liability shall not exceed the amount of the check. I agree to notify the Credit Union promptly upon the issuance of any duplicate check which replaces the check subject to this request or upon return of the original check, or if I withdraw this request.

Subject to applicable law, I agree to indemnify, defend and hold Advancial Federal Credit Union harmless for any loss it sustains in honoring this request, including losses arising out of claims of any joint owner, payee, or endorsee, or in failing to stop payment of the check as a result of incorrect information provided by me or any third party. This request is subject to additional terms as set forth in the Membership and Account Agreement.

Member Signature	Date
------------------	------

CREDIT UNION USE ONLY

Date Received	Date Processed	Processed By
---------------	----------------	--------------