



CHECK STOP PAYMENT REQUEST (BRANCH)

Branch _____ Teller Number _____ Date _____

Account Name _____ Account Number _____ Suffix _____

PLACE A STOP PAYMENT (Check, Preauthorized Draft (by amount) = Submit Stop Payment through TellerPro)
FEE: \$15 Minimum/\$45 Maximum
AFCU is hereby authorized to charge my: Savings Checking **TOTAL FEES: \$_____**

REASON: Lost/Stolen Other _____
Range Stop: From Check Number _____ to Check Number _____
Stop on Specific Checks:
Check# _____ in the amount of \$ _____ payable to _____ dated _____
Check# _____ in the amount of \$ _____ payable to _____ dated _____
Check# _____ in the amount of \$ _____ payable to _____ dated _____
Check# _____ in the amount of \$ _____ payable to _____ dated _____

RELEASE STOP PAYMENT REQUEST/AUTHORIZATION
Check Number(s) _____

1. I hereby request America First Federal Credit Union to stop payment on check(s) as listed above. Member certifies the item(s) date, exact amount, item number and payee are correct. It is understood that the **EXACT** information on the item(s) is necessary for America First Federal Credit Union's computer system to identify the item. If the information disclosed is incorrect, America First Federal Credit Union will not be responsible for failing to stop payment on said item(s).
2. If this request involved a postdated item as herein indicated, member hereby requests America First Federal Credit Union to stop payment on the check if presented for payment prior to the date written on the item. This stop payment notice on a postdated item is subject to all other items and conditions for stop payment orders.
3. I agree that America First Federal Credit Union will not be responsible for stopping payment unless my stop order is received by the Credit Union (1) within a reasonable time for America First Federal Credit Union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized draft. Member understands that this stop payment request is conditional and subject to the credit union's verification that the item has not been paid or that some other action to pay the item has not been taken. A written stop payment order will be effective for twelve (12) months. A written stop payment order may be renewed in writing from time to time. Member also agrees to notify the credit union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. Member agrees to pay America First Federal Credit Union a stop payment fee for each request as set forth above.
4. Member will agree to indemnify and hold America First Federal Credit Union harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to the Credit Union's action in refusing payment of the item, including if by reason of such payment other items drawn by the undersigned are returned because of insufficient funds, claims or any joint owner, payee, or endorsee, or in favoring to stop payment of an item as a result of incorrect information provided by the member. If the above referenced item is currently within the processing system of America First Federal Credit Union, this request becomes void. Checks that have been guaranteed will not be considered for stop payment processing.

Signature of Member ID Date

