

# COAST-TEL FCU STOP PAYMENT ORDER

SHARE DRAFTS	Date of Draft	Draft Number	Amount of Draft	Payable To:
			\$	
ACH/PRE-AUTH TRANSFERS	Date of Transfer	Reference #	Amount of Transfer	Name of Payee-Originator:

Account Number: \_\_\_\_\_

Member Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

The credit union is requested to stop payment on the draft or preauthorized transfer described above, unless it has already been paid, certified or accepted. By signing the form below, the account holder understands and agrees to the following conditions:

1. A fee of \$15 will be charged to the account holder's account for this stop payment order.
2. **Share Draft Only:** This stop payment order will automatically terminate after 14 calendar days if not confirmed in writing by the account holder. If confirmed in writing, this stop payment order will be valid for six (6) months. A stop payment order may be renewed for an additional six (6) month period at the written request of the account holder before the expiration of the stop payment order.
3. **ACH/Pre-authorized Transfer Only:** This stop payment order will only prevent the individual ACH/Preauthorized transfer identified. To stop all future preauthorized transfers named by the payee-originator, the account holder must also cancel his/her authorization with the payee-originator. This form is not to be used to reverse unauthorized transfers.
4. The credit union will not be liable for payment of the draft or preauthorized transfer contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to the account holder. Account holder agrees to hold the credit union harmless from any claim, loss, damage, or expense that it may suffer or incur, including attorney's fees, by virtue of refusing payment of any item on which the account holder stopped payment, as well as for any payment of any item after the stop payment order has expired.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date