

State Farm Federal Credit Union	STOP PAYMENT ORDER ON TELLER'S CHECK AND INDEMNITY AGREEMENT
Member's Name(s):	Account No.:
<p>Item(s) Requested for Stop Payment: The undersigned Member(s) hereby request(s) that State Farm Federal Credit Union</p> <p>not pay Check No. _____ issued by the Credit Union in the amount of \$ _____, payable to:</p> <p>_____ Dated: _____.</p> <p>If more than one check – attached a schedule providing the information required above, which is deemed incorporated herein.</p>	
<p>Basis for Request: The Member(s) request this stop payment for the following reason(s):</p> <p>_____</p> <p>_____</p> <p>_____.</p> <p>Add an additional sheet if required, which is deemed incorporated herein.</p>	
<p>Member(s) Indemnity of Credit Union: <i>The undersigned acknowledge that the request to stop payment on a teller's check involves a check drawn on the Credit Union, and not on the Member(s) account; and therefore, the Credit Union has no obligation to honor any request to stop payment on such an item. Member(s) further understand that financial institutions are generally prohibited from stopping payment on any teller's check under applicable laws and regulations; and that Credit Union's accommodation of the Member(s) request may subject the Credit Union to liability, loss, damages, costs, attorneys' fees and other expenses. The Member(s) understand that if a teller's check comes to be in the possession of certain holders, including but not limited to holders in due course, the Credit Union may be obligated to pay the face amount of the item, and may incur damages as set forth herein as a result of a stop payment order. Should the Credit Union accommodate the request for a stop payment on the item(s) identified herein, it shall have no obligation to continue any stop payment order; and may release any or such stop payment orders and pay the item(s) in question at any time, which decision shall at all times be in the sole discretion of the Credit Union. In requesting State Farm Federal Credit Union to stop payment of the item(s) identified, the undersigned Member(s) agree(s) to hold the Credit Union harmless for all liability, loss, damages, costs, attorneys' fees and other expenses the Credit Union incurs as a result of any stop payment order on the item(s) identified herein; and further agree not to hold the Credit Union liable for payment contrary to these instructions, whether such payment is made in the Credit Union's discretion or is otherwise compelled. The undersigned Member(s) agree(s) that expenses and costs shall include any legal expenses and attorneys' fees the Credit Union incurs as a result of this Stop Payment Order. Member(s) shall pay Credit Union such amounts as needed to fully reimburse the Credit Union for any liability, loss, damages, costs, attorneys' fees and other expenses associated with, relating to, or arising from such stop payment(s) within ten (10) days from the date demand is made for payment. Further, the Member(s) reaffirm the terms and conditions set forth in the Membership Account Agreement, which is incorporated herein by reference.</i></p>	
Member's Signature:	Member's Signature:
Date: :	Date:
<p>ACCEPTED BY STATE FARM FEDERAL CREDIT UNION</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p>	