

**FIRST CASTLE FEDERAL CREDIT UNION
STOP PAYMENT ORDER AND INDEMNITY AGREEMENT**

Account Name _____ Account No. _____

INDIVIDUAL STOP PAYMENT Check No. _____ Amount \$ _____

Date _____ Payee _____

STOP RANGE OF CHECKS Low Serial No. _____ High Serial No. _____

Date _____ Check(s) were Lost _____ Stolen _____

ACH STOP PAYMENT ORDER Amount of Draft \$ _____ Date of Draft _____

Recurring Draft? Yes No Payee _____

STOP PAYMENT ORDER

The undersigned (hereinafter "You") request **FIRST CASTLE FEDERAL CREDIT UNION** (hereinafter "the Credit Union") to stop payment on the item(s) as stated above.

*It is important that the information stated above is correct. Unless the information is correctly stated, the Credit Union assumes no responsibility for stopping payment. **SPECIAL NOTICE FOR ACH ITEMS: ACH items are transmitted electronically and CANNOT be searched by human hands and eyes the way paper checks can. Mistakes in the information you give the Credit Union that might be noticed by a person will not be noticed by a computer. ACH items may include point of sale transactions when the information is taken off your check and the actual check is returned to you when you pay, and some NSF "insufficient funds" checks sent to the Credit Union a second time after non-payment.***

In consideration of the Credit Union's compliance with this stop payment order **you agree** as follows:

TIME The stop payment order must be received at such time and in such manner as to afford the Credit Union a reasonable time to stop payment on the check(s). A reasonable time shall be **not less than two business days** before a **check(s)** is/are presented for payment and/or **not less than three business days** before an **ACH item(s)** is/are presented for payment.

SIGNED CONFIRMATION If signed confirmation of this stop payment order is not made and a copy returned to the Credit Union **within 14 days** from the Date Order Received stated below, the Credit Union will consider **this order terminated**. If signed and returned to the Credit Union, this stop payment order shall be in force for **6 months** and will automatically be released if **not renewed in writing by you**.

HOLD HARMLESS You agree to hold harmless and indemnify the Credit Union, its officers, board, employees and agents against all claims, costs, attorney's fees, damages and other expenses or losses that may be incurred by the Credit Union, its officers, board, employees and agents resulting directly or indirectly from this stop payment order.

ACH You agree that this stop payment only applies to the above-referenced ACH transaction and not all future ACH transactions.

RELEASE or RENEWAL If you wish to release your previous instructions, please check the **RELEASE** on the Stop Payment form, sign your name and return it to us. If you wish to **RENEW** your previous instructions, please check the **RENEW** on the Stop Payment form, sign your name and return it to us.

NOTICE You agree that the Credit Union has no obligation to notify joint signors of this stop payment order.

() **STOP PAYMENT:** Please Stop Payment on the above check (s) or ACH draft(s).

() **RELEASE:** Please release Stop Payment on the above check(s) or ACH draft(s).

() **RENEW:** Please renew Stop Payment on the above check(s) or ACH draft(s).

PLEASE CONFIRM BY COMPLETING THIS FORM, SIGNING AND RETURNING IT TO US.

Date _____ Signed _____

FOR CREDIT UNION USE ONLY

Received by _____ Date Order Received _____ Time _____

How Received () Letter () Verbal

Duplicate Check Issued Yes () No () Dated _____ No. _____

(Stop Payment Order Cover Letter)

Dear _____:

UNDER THE LAW, AN ORAL STOP PAYMENT ORDER IS EFFECTIVE FOR ONLY FOURTEEN CALENDAR DAYS UNLESS THE ORDER IS CONFIRMED IN WRITING WITHIN THAT PERIOD. Therefore, you should sign and return the enclosed stop payment order immediately. The enclosed copy may be kept for your records.

Sincerely,
First Castle Federal Credit Union