Share Draft Stop Payment Authorization



Phone: 559-228-1997 Fax: 559-228-0350

Member Infor	nation		
Member Name		Member Number	
Phone Number			
		prrect for us to identify the share dra ot be able to identify the check.	aft you wish stopped.)
I authorize Centra	l Valley Firefighters Credit Union to	place a stop payment on the following sh	are draft(s):
Check Number	Amount \$	Or Range of	То
Date Written	Payee		
Reason for Stop	Payment		

Indemnification.

- -

I agree to indemnify, defend, and hold you and your employees harmless from all claims, demands, actions, losses and damages that relate to or arise out of your stopping payment on the share draft described above.

Effective Date.

I understand that this stop payment authorization will not be effective until you have a reasonable opportunity to act upon it. You will not be responsible for failing to stop payment on the share draft if my description of the share draft above (including the check number and check amount) does not describe the share draft with sufficient accuracy for you to be able to identify it.

Fee and Duration.

I understand I will be charged a **fee of \$20.00** for this stop payment authorization. I also understand that it will continue in effect for only 6 months unless I renew the request and pay an additional fee.

Rights of Holders.

I understand that anyone holding the original check, including you, may be entitled to enforce payment on the check, despite the stop payment order.

Signature:	Da	ite:
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For Credit Union use only:					
Verbal Request Received by:	Date:	Time:			
Written Confirmation Received by:	Date:	Time:			
Written Request Received by:	Date:	Time:			
Stop Payment Placed by - Employee:	Date:	Time:			

Written Release Received by:	Date:	Ti
Stop Payment Released by - Employee:	Date:	Ti

Time: ______