



Share Draft Stop Payment Authorization

Member Information

Member Name	Member Number	Phone Number
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Stop Payment Details (Must be reasonably correct for us to identify the share draft you wish to be stopped.)

I authorize Central Valley Firefighters Credit Union to place a stop payment on the following share draft(s):

Check Number	Amount (U.S. Dollars): \$ _____	Or Range of _____ to _____
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 \$25.00** 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.

Member Signature	Date
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Stop Payment Release

I hereby release the stop payment order described above and agree to defend, indemnify and to hold Central Valley Firefighters Credit Union harmless for the amount of the payment, and from all claims, damages, costs, and attorney's fees incurred and I further agree that the Credit Union will in no way be responsible or liable for payment of the instrument referred to above.

Member Signature	Date
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FOR CREDIT UNION USE ONLY

Verbal 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:	Time:
Stop Payment Released by — Employee:	Date:	Time: