

**STOP PAYMENT ORDER REQUEST**

Transaction Type:     Written Request- Original      Written Request- Renewal      Verbal Request\*

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.    p.m.

Account No.: \_\_\_\_\_ Account Type:    Checking/Share Draft

Account Name: \_\_\_\_\_ Draft Dated: \_\_\_\_\_

Payable To: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

Check Serial Number(s): \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

\* For verbal requests of stop payments, POPA FCU will provide this form to the account holder for signature. The signed form must be returned to POPA FCU within the next 14 days or the verbal stop payment order will cease to be binding.

**STOP PAYMENT TERMS AND CONDITIONS**

On the terms hereinafter set out, the undersigned account holder hereby instructs **POPA FCU** (financial institution), hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for a) six months; b) until written notice from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Order.

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer of incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the financial institution reasonable time to act on the request prior to acting on the paper item.

The account holder also understands that it is necessary to provide the correct information related to the transaction, and failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the financial institution for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result or failure of the account holder to furnish any time of information requested above completely, accurately and correctly.

A charge as reflected below will be assessed to the account holder as payment for implementing this order.

FEE ASSESSED: **\$ 15.00**

I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Date _____	Account Holder Signature _____	Print Name _____
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**For Credit Union Use Only:**

Verbal stop payment placed by: \_\_\_\_\_ Teller#: \_\_\_\_\_ Date: \_\_\_\_\_

Draft #: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Account#: \_\_\_\_\_ Member Name: \_\_\_\_\_

Stop payment placed by: \_\_\_\_\_ Teller#: \_\_\_\_\_ Date form received: \_\_\_\_\_