



FEDERAL CREDIT UNION  
 P.O. Box 12689, San Antonio, TX 78212-0689  
 210-225-6866 | 1-800-535-3322

# STOP PAYMENT REQUEST

Account Owner(s) \_\_\_\_\_ Account # \_\_\_\_\_ Suffix # \_\_\_\_\_ Fee \_\_\_\_\_

## REQUEST

Request  
 Received  Written  Oral (*Automatically expires after 14 days*)  
 Check  Single Preauthorized Electronic Fund Transfer  Recurring Preauthorized Electronic Fund Transfer\*

Check Number	Date of Check	Payable To
--------------	---------------	------------

Amount	Reason for Stop Payment
--------	-------------------------

Other Information\*

In asking that the Credit Union stop payment on this item, the undersigned agrees to indemnify and hold the above-named Credit Union harmless for said amount and for all expenses and costs, including a reasonable attorney's fee, incurred by it on account of refusing payment of said item, and further **AGREES NOT TO HOLD THE SAID CREDIT UNION LIABLE ON ACCOUNT OF PAYMENT CONTRARY TO THIS REQUEST IF MADE THROUGH INADVERTENCE OR ACCIDENT**, or by reason of such insufficient funds. If a duplicate check is issued or if the original check is returned, the undersigned agrees to NOTIFY THE CREDIT UNION PROMPTLY.

If this request is not previously revoked, the undersigned agrees that it will **AUTOMATICALLY EXPIRE AT THE END OF SIX MONTHS UNLESS A REQUEST IS MADE** before that time for the Stop Payment to continue in force, for checks ONLY. Stop payments for recurring ACH entries will remain in effect until this request is withdrawn. For expense in handling this stop payment order we will charge your account.

\_\_\_\_\_  
 MEMBER'S AUTHORIZED SIGNATURE

### For Credit Union Use Only:

Date of Request: \_\_\_\_\_ Time Received: \_\_\_\_\_ Credit Union Representative: \_\_\_\_\_