



CBI Federal Credit Union

**13717 S. Route 30, Unit 157
Plainfield, IL 60544
Phone: 815-439-6676
Fax: 815-439-5010**

STOP PAYMENT REQUEST

ITEM TYPE	ITEM DATE	AMOUNT	PAYABLE TO	ACCOUNT	CHECK NO.
<input type="checkbox"/> Draft/Check <input type="checkbox"/> Electronic Draft/Check <input type="checkbox"/> Conversion <input type="checkbox"/> Single Preauthorized EFT <input type="checkbox"/> Recurring Preauthorized EFT					

Request Verification/Renewal

- Oral Request (Expires in 14 days)
- Written Request (Expires in 6 mo., except EFT)
- Renewal Request (Expires in 6 mo unless renewed)

Date of Initial Request _____

Time Received _____

1. **Item Description.** I request the Credit Union to stop payment on the share draft(s), check(s), preauthorized electronic funds transfer(s) (“EFT”), or ACH draft (“Item”) described above. I warrant that the Item description, including the date or scheduled transfer date, its exact amount, the Item number, and payee are correct. I understand that the EXACT information on the item is necessary for the Credit Union’s computer to identify the item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.
2. **Postdated Items.** If this Notice involves a Postdated Item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or checks if presented for payments prior to the date of the Item. My Stop Payment Notice on a Postdated item is subject to all other terms and conditions for Stop Payment Orders
3. **Stop Payment Order.** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to the Credit Union’s verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Order will be effective as follows: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment order will be effective for six (6) months. A written Stop Payment Order may be renewed in writing from time to time. I also agree to notify the Credit Union promptly upon the issuance of any duplicate Item which replaces the Item subject to this order or upon the return of the original Item. I agree to pay the Credit Union a stop payment fee of **\$20.00** for each request as set forth above.
4. **Indemnification.** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney’s fees, (to the extent permitted by law) damage or claims related to the Credit Union’s action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

MEMBER SIGNATURE _____ DATE _____

Request Accepted by (CU Staff) _____ DATE _____