

REQUEST TO STOP PAYMENT



Please complete and sign this form and return to:
Attn: Account Services Dept. FAX: (866) 496-5134
or EMAIL: account_services@SouthlandCU.org

Southland Credit Union is hereby directed to attempt to stop payment on the following check (s)

SINGLE Check Stop Payment on Account # _____

Check # _____ Amount: \$ _____ Date Issued : _____

Payee: _____

Reason for Stop Payment: Lost Stolen Dispute Other _____

RANGE Check Stop Payment on Account #: _____

Beginning (including) Check #: _____ to Ending (including) Check # _____

Reason for Stop Payment: Lost Stolen Dispute Other _____

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I understand that the check numbers and amounts I list must be correct for the Stop Payment to take effect.

I understand that if Southland Credit Union has obligated itself to pay the check (s), pursuant to California Commercial Code, Section 4304, or a third person becomes the holder in due course of the check(s), that the Southland Credit Union may be obligated to pay the check(s).

I agree to indemnify Southland Credit Union against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount you are obligated to pay on the check(s), which Southland Credit Union may sustain or incur in consequence of honoring this Request to Stop Payment.

I understand that I must notify Southland Credit Union in writing if and when the reason for the Stop Payment(s) ceases to exist.

I understand that this request for the Stop Payment expires and is of no further effect one year from the date hereof.

I understand Southland Credit Union will not be liable for paying any check (s) on the day the Request for Stop Payment is received.

I understand a \$25.00 fee will be assessed.

MEMBERS NAME (Please Print) _____ **DAY PHONE:** _____

MEMBERS SIGNATURE: _____ **DATE :** _____

RELEASE OF STOP PAYMENT

- Release** SINGLE Check Stop Payment on check indicted above.
- Release** *entire* RANGE Check Stop Payment on checks indicated above.
- Release** the following *specific checks* from the Range Check Stop Payment indicated above:

MEMBER'S SIGNATURE: _____ **DATE** _____

SCU Use Only	Stop (s) Placed By:	Stop Date:	Stop (s) Released By:	Stop (s) Release Date:
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