



Stop Payment Request

3418 MacCorkle Ave SE, Charleston, WV 25304

Phone: (304) 721-4145 Fax: (304) 342-3147

ElementFCU.org

All About My Needs!

My Name: _____ My Account #: _____ Date: _____

Please issue a stop payment on the following checks:

Check # _____ Amount \$ _____ Payable To: _____

Check # _____ Amount \$ _____ Payable To: _____

Check # _____ Amount \$ _____ Payable To: _____

Check # _____ Amount \$ _____ Payable To: _____

My checks are lost or stolen! Please stop this check range: Beginning check #: _____ Ending check #: _____

Item Description. I request Element FCU to stop payment on the items described above. I warrant that the time descriptions, including the date or scheduled transfer date, its exact amount, the item numbers and payee are correct. I understand that the EXACT information on the Item is necessary for Element FCU's computer to identify the item. If I give Element FCU the incorrect amount or any other incorrect information, Element FCU will not be responsible for failing to stop payment on the item.

Postdated Items. If this notice involves a postdated Item, as indicated above, I hereby request Element FCU to stop payment on the item if presented for payment 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.

Stop Payment Order. I agree that Element FCU will not be responsible for stopping payment unless my stop payment order is received by Element FCU within a reasonable time for Element FCU to act on my order prior to final payment or similar action. I understand that my stop payment request is conditional and subject to Element FCU'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: 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 Element FCU promptly upon the issuance of any duplicate item which replaces the item subject to this order or upon return of the original item. I agree to pay Element FCU a stop payment fee for each request as set forth above.

Indemnification. I agree to indemnify and hold Element FCU harmless from all costs, including any attorney's fees, (to the extent permitted by law) damage or claims related to Element FCU'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.

X _____ X _____
My Signature Date

THIS SECTION IS FOR CREDIT UNION USE ONLY

This form was processed by _____ on _____
employee name date