

REQUEST TO STOP PAYMENT



Credit Union of
Southern California
BUILDING BETTER LIVES®

MEMBER INFORMATION

Name _____ Account # _____
Checking ID # _____ Daytime Phone # _____
Check # _____ Amount _____
Check Range From # _____ To _____
Issue Date _____ Payee _____

- 1) I understand that the check numbers and the amount I list must be correct for the Request To Stop Payment to take effect.
- 2) I agree to indemnify Credit Union of Southern California (CU SoCal) against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount CU SoCal is obligated to pay on an items, which may sustain or incur in consequences of honoring this Request To Stop Payment.
- 3) I understand that I must notify CU SoCal in writing if and when the Stop Payment ceases to exist.
- 4) I understand that this Request To Stop Payment request expires six months from the date hereof unless I renew it in writing.
- 5) I understand that CU SoCal will not be liable for paying an item on the day the Request To Stop Payment is received.
- 6) I acknowledge receipt of a copy of this Request To Stop Payment, and accept and agree to the terms hereof. I understand there will be a charge of \$ _____ for this Request To Stop Payment.

REQUESTED BY

Member Name _____
Signature X _____ Date _____

For Office Use Only

Processed by _____ ☐ In Office
User ID# _____ ☐ By Phone
Date _____
Time _____ Verified By _____