

# 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 \_\_\_\_\_