



Credit Union of
Southern California

PO Box 200
Whittier, CA 90608-0200
866.287.6225 • Fax 714.990.5492

REQUEST TO STOP PAYMENT

Name _____ Account # _____ Checking ID # _____

Check # _____ Check Range From # _____ To # _____ Amount \$ _____

Issue Date _____ Payee _____

- 1) I understand that the check/draft numbers and amount I list must be correct for the stop payment to take effect.
- 2) I agree to indemnify you 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 item, which you may sustain or incur in consequences of honoring this Request to Stop Payment.
- 3) I understand that I must notify you in writing if and when the stop payment ceases to exist.
- 4) I UNDERSTAND THAT THIS STOP PAYMENT ORDER EXPIRES SIX MONTHS FROM THE DATE HEREOF UNLESS I RENEW IT IN WRITING.
- 5) I UNDERSTAND THAT CU SOCIAL WILL NOT BE LIABLE FOR PAYING AN ITEM ON THE DAY THE 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 stop payment request.

Signature: _____

Daytime Phone No.: _____

Date: _____

CREDIT UNION USE ONLY	
Accepted by: _____	<input type="checkbox"/> In Office
User ID # _____	<input type="checkbox"/> *By Phone (Under \$500)
Time: _____	
Date: _____	Verified By: _____

** Must receive written confirmation for all stop payments over \$500.00
-Exceptions Require Supervisor Approval*