



I.B.E.W. Local 66
FEDERAL CREDIT UNION

STOP PAYMENT ORDER

MEMBER REQUEST & AUTHORIZATION

REQUEST TYPE:

ORAL (Automatically Expires in 14 Days)

WRITTEN (Automatically Expires after six (6) Months unless Renewed)

MEMBER INFORMATION:

MEMBER NAME:		MEMBER NUMBER#:	
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ITEM SPECIFICS

SHARE DRAFT	ELECTRONIC DRAFT CONVERSION TRANSACTION		SINGLE PREAUTHORIZED ACH		RECURRING PRE-AUTHORIZED ACH				
PAID TO THE ORDER OF:			ITEM NUMBER:		ITEM AMOUNT:				
DATE AUTHORIZED:		POST DATED?:	YES	NO	ITEM REISSUED?:	YES	NO	DUPLICATE #:	

AUTHORIZATION:

I hereby request I.B.E.W. Local 66 Federal Credit Union to Stop Payment on the Share Draft (check), preauthorized Electronic Draft, Electronic Draft Conversion, or ACH item(s) as listed above. I certify that the item(s) description, date, scheduled transfer date, exact amount, item number and payee are correct. I understand that the EXACT information on the item(s) is necessary for I.B.E.W. Local 66 Federal Credit Union's Core Processing System to identify the item; if the information disclosed is incorrect, I.B.E.W. Local 66 Federal Credit Union will not be responsible for failing to stop payment on said item(s). If this request involved a postdated item as herein indicated, member hereby requests I.B.E.W. Local 66 Federal Credit Union to stop payment on the item(s) if presented for payment prior to the date written on the item and that this stop payment notice on a postdated item is subject to all other items and conditions for stop payment orders. By Submitting this request, I agree that the Credit Union will not be responsible for stopping payment unless my stop order is received by the Credit Union (1). within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or (2). at least three (3) business days before the scheduled date of the item. I also understand that this stop payment request is conditional and subject to the credit union's verification that the item has not been paid or that some other action to pay the item has not been taken.

PLEASE BE ADVISED: A VERBAL STOP PAYMENT ORDER WILL EXPIRE AFTER FOURTEEN (14) DAYS. A WRITTEN STOP PAYMENT ORDER WILL EXPIRE AFTER SIX (6) MONTHS UNLESS RENEWED PRIOR TO THE EXPIRATION OF SAID ORDER.

I also agree to indemnify and hold I.B.E.W. Local 66 Federal Credit Union harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to the Credit Union's action(s) or inaction(s) regarding the payment of, or refusal of payment, of the item as ordered, including if by reason of such payment other items presented to us and drawn by the undersigned are returned because of insufficient funds, claims of any joint owner, payee, or endorsee, or in favoring to stop payment of an item as a result of incorrect information provided by the member. If the above referenced item is currently within the Core Processing System of I.B.E.W. Local 66 Federal Credit Union, this Authorization becomes Null and Void.

X _____ DATE: _____

FOR CREDIT UNION USE ONLY:

RECV'D BY:		DATE:		METHOD OF DELIVERY:	<input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL	PROCESSED BY:		DATE:	
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