



# SHARE DRAFT STOP PAYMENT REQUEST

Member Name: \_\_\_\_\_

Member Account # \_\_\_\_\_

## Type of Item

Draft/Check

Preauthorized Electronic Funds Transfer

Electronic Draft/Check Conversion Transaction

Item Number	<input type="text"/>	Amount	<input type="text"/>
Item/Transfer Date	<input type="text"/>	Payable To	<input type="text"/>
<input type="checkbox"/> Post Dated Item		Service Fee \$	_____

- Item Description.** I request that Westminster Federal Credit Union stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT"), or Electronic Draft/Check Conversion transaction ("item") described above. I warrant that the Item description, including the date of scheduled transfer date, its exact amount, the Item number, and payee are correct. I understand that the EXACT information on the Item is necessary for WFCU's computer to identify the Item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.
- Electronic Draft/Check Conversion transaction.** I understand that if I authorize the conversion of my check or draft to an electronic transaction that it will be presented for payment through automatic clearing house (ACH) processes. Unless the box for Electronic Check Conversion located above, under the Type of Item section is marked, I warrant that the transaction upon which I am requesting to stop payment is not an electronic check conversion transaction and I have not indicated that above.
- Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a preauthorized electronic funds transfer will only apply to the transfer scheduled for the date noted above, under the Date of Item/Transfer section. If I wish to stop additional preauthorized electronic funds transfers I will submit additional stop payment requests.
- Postdated Items.** If this Notice involves a Postdated Item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or check if presented for payment prior to the date of the Item. The Post Dated Item Notice is subject to all terms and conditions for Stop Payment requests.
- Stop Payment Requests.** I agree that WFCU will not be responsible for stopping payment unless my Stop Payment Request is received by Westminster Federal Credit Union.
  - within a reasonable time for the WFCU to act on my order prior to final payment or similar action; or
  - at least 3 business days before the scheduled date of the preauthorized Electronic Funds Transfer or Electronic Draft/Check Conversion transaction.

I understand that my stop payment request is conditional and subject to the Credit Union'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: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. 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 the Credit Union promptly upon the issuance of any duplicate Item which replaces the Item subject to this order or upon the return of the original Item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

- Indemnification.** I agree to indemnify and hold the Westminster Federal Credit Union harmless from all costs, including attorney's fees, (to extent permitted by law) damage or claims related to the Credit Union'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.

## Request Verification/Renewal

<input type="checkbox"/> Written Request	Date and Time of Initial Request _____
<input type="checkbox"/> Oral Request	Member Signature _____ Date _____
<input type="checkbox"/> Renewal Request (6 months)	Member Signature _____ Date _____