SHARE DRAFT STOP PAYMENT REQUEST

Date _____ Member's Name _____

Account # _____ Day time phone # / Cell # _____

Draft# or Range _____ $ Amount _____

Payee _____

Reason for the Stop Payment _____

****IMPORTANT, READY BEFORE SIGNING****

We are accepting this stop payment request with the understanding that all information provided by the member is Accurate. If this share draft is cashed today, or has been paid and not in file, or if any of the information provided by the member is incorrect, the Credit Union does not accept liability for failure to honor this Stop Payment Request. There is a $25.00 charge asses for the stop payment. Fees are subject to change.

Please Stop payment on the described draft. By requesting this stop payment, the undersigned agrees:

1. To hold the Credit Union harmless for the amount of the share draft and all loss, costs and expenses incurred on the account of the Credit Union refusing payment thereof.
2. The Credit Union liability for the payment contrary to this request shall in no event exceed the amount of the share draft.
3. To not hold the Credit Liable for the payment contrary to the request if done in good faith, or if by reason of payment other items drawn on the account are insufficient.

This request shall be disregarded six(6) months after issue date unless renewed in writing.

_____

Members Signature

_____

Mailing Address City State Zip

Main Office: 3110-A Inland Empire Blvd., Ontario, Ca. 91764-6572 (909)481-2805/Fax (909)484-1167