CITIZENS
Federal Credit Union

Share Draft Stop Payment Form
r. 2016

Account Number:	Member Name:
Amount of Check/Check Number	Date of Check:
Length of Stop Payment:	Payee:
Reason for Stop Payment:	

Stop Payment Terms & Conditions

On the terms hereinafter set out, the undersigned depositor hereby instructs Citizens Federal Credit Union (hereinafter styled "the credit union") not to pay the above described check.

1. This stop payment order and any renewals thereof shall be effective for only a specified period after receipt by the credit union. During any such specified period, the credit union shall exercise reasonable diligence not to pay the check. After the aforesaid time, the credit union shall no longer exercise diligence or be liable for payment of such check under any circumstances, and the credit union may remove depositor's instructions and all renewals, if any, from its files and destroy them. Even though the credit union will not be liable for payment of the check after expiration of any such specified period, the credit union shall, nevertheless be fully protected in refusing to pay it.

2. Should the credit union ever incur liability to the depositor for payment contrary to stop payment instructions, the amount of such liability shall not exceed the amount paid on the check.

3. Renewals shall be in writing, signed by the undersigned depositor and delivered to the credit union.

4. A charge, as specified below, for establishing the stop payment order will be collected. An additional charge must be paid for each renewal of the stop payment order.

5. By directing the credit union to stop payment on a check, the depositor agrees to indemnify and hold the credit union harmless against and from any and all losses, claims, damages, and costs, including court costs, and reasonable attorney's fees, that the credit union may suffer or incur by reason of not paying said check if presented prior to withdrawal of these instructions or any renewal thereof.

Phone Number:	Authorized Signature:	Date:

Membership Department		ACH Department	
Received By:	Date:	Loaded By:	Date:
		Date Returned:	Funds Received: