



PO Box 30831
Los Angeles, CA 90030-0831
800-222-1226
FAFCU.org

ORDER TO STOP PAYMENT ON A MEMBER'S CHECK

Full Name	
Address	
Daytime Phone Number:	Account Number:
Email:	Date:

In this Order to Stop Payment On a Member's Check ("Order to Stop Payment"), the words "You", "Your" and "Yours" mean those members who sign below and the words "We", "Us", "Our" and "Credit Union" mean F&A Credit Union. You understand that this Order to Stop Payment shall not apply to any share draft or check certified by us on your behalf or any cashier's check issued by us on your behalf or any credit union draft or check or other item issued by us on your behalf. In those cases, you must use our "Cashier's/ Corporate Check Loss & Claim".

You hereby direct us to attempt to stop payment on a check drawn by you and payable to:

Payee:		Date of Item:
Amount:	Check No.:	Check Account No.:
Prepared By:		



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You understand that you must supply us with exact information regarding the amount, the check number, the member number, the payee, the date of issuance of the check and a daytime phone number. If you do not supply us with the complete and accurate details regarding the check, you understand that this Order to Stop Payment may not be effective. You agree that we shall not be liable for payment of a check in the event the information you provide on this form is in any manner not complete or accurate.

You understand that if we have obligated our self to pay the item, pursuant to California Commercial Code, Section 4303 or a third person becomes a holder in due course of the check, that we may not be able to stop payment on it. You also understand that if we have guaranteed payment of the item, that we will not be able to stop payment on it.

You agree to indemnify us against any and all liability, loss, costs, damages, attorney fees and other expenses, including, but not limited to, any amount we are obligated to pay on the item, which we may sustain or incur on consequence of honoring this Order to Stop Payment.

If we are unable to stop payment, you agree that we shall be entitled to charge your account for the amount paid and such charge shall stand regardless of whether you are entitled to recover from our account thereof, and your remedy shall be to prove and recover only such actual damages as may be occasioned to your connection with the payment of the item.

You understand you must notify us if and when the reason for the Order to Stop Payment ceases to exist.

You understand that this Order of Stop Payment expires and is of no further effect six (6) months from the date hereof.

A stop payment fee will be assessed for each stop payment as set forth in our most current Schedule of Fees and Charges.

You acknowledge receipt of a copy of this Order to Stop Payment and accept and agree to the terms hereof.

YOU MUST SIGN AND RETURN THIS FORM IN 14 DAYS OR WILL RELEASE THE STOP.

Member Signature:	Date:
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DEMAND TO CANCEL ORDER TO STOP PAYMENT
The above Order to Stop Payment is hereby cancelled.

Member Signature:	Date:
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For Cu Use Only (Teller Stamp)
