



# STOP PAYMENT FORM

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

Account #: \_\_\_\_\_

## OPTION 1: STOP PAYMENT REQUEST

USC Credit Union is hereby directed to attempt to stop payment on the following check(s):

### SINGLE CHECK

### SERIES OF CHECKS

Check #: \_\_\_\_\_

Starting Check #: \_\_\_\_\_

Amount:    a \_\_\_\_\_ a   

Ending Check #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Payee: \_\_\_\_\_

**Reason for Stop Payment:**      Lost      Stolen      Dispute      Other: \_\_\_\_\_

.....

I understand that the check numbers and amounts I list must be correct for the Stop Payment to take effect.

I understand that if USC Credit Union has obligated itself to pay the check (s), pursuant to California Commercial Code, Section 4304, or a third person becomes the holder in due course of the check(s), that the USC Credit Union may be obligated to pay the check(s).

I agree to indemnify USC Credit Union against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount you are obligated to pay on the check(s), which USC Credit Union may sustain or incur in consequence of honoring this Request to Stop Payment.

I understand that I must notify USC Credit Union in writing if I wish to cancel the Stop Payment.

I understand that this request for the Stop Payment will remain in effect for six months from the date of the request and a new Request to Stop Payment is required to renew the six-month period.

I understand USC Credit Union will not be liable for paying any check (s) on the day the Request for Stop Payment is received.

I understand a \$20.00 fee will be assessed for each single stop payment or a \$30.00 fee for range of checks.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....

## OPTION 2: STOP PAYMENT RELEASE

Release stop payment exactly as indicated above.

Release stop payment on these specific check numbers: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

USCCU USE ONLY	PROCESSED BY	PROCESSED DATE
REQUEST		
RELEASE		