



20101 Hamilton Ave #150 850 West Cesar Chavez
 Torrance, Ca 90502 Los Angeles, Ca 90012
 (310) 632-0100 (213) 830-0300

STOP PAYMENT REQUEST

Account Name _____ Account # _____ Fee _____

Accepted By _____ Accepted _____, _____ Time _____ M. Request Received <input type="checkbox"/> Written <input type="checkbox"/> Oral (<i>Automatically expires after 14 days</i>) <input type="checkbox"/> Check <input type="checkbox"/> Single Preauthorized Electronic Fund Transfer <input type="checkbox"/> Recurring Preauthorized Electronic Fund Transfer		
Check Number	Date of Check	Payable To
Amount	Reason for Stop Payment	
Other Information		
<p>For pre-authorized payments, Your stop payment request must reach Us 3 business days or more before the payment is scheduled to be made. For oral requests, We may also require You to put Your request in writing and get it to Us within 14 days after You call. To be sure that a third party does not bill You again for the "stopped" payment or to cancel the entire pre-authorized payment arrangement, contact the third party.</p> <p>You hereby stop authorization of the Preauthorized Electronic Fund Transfer payable to this Payee.</p>		
<p>In asking that the Credit Union stop payment on this item, the undersigned agrees to indemnify and hold the above-named Credit Union harmless for said amount and for all expenses and costs, including a reasonable attorney's fee, incurred by it on account of refusing payment of said item, and further AGREES NOT TO HOLD THE SAID CREDIT UNION LIABLE ON ACCOUNT OF PAYMENT CONTRARY TO THIS REQUEST IF MADE THROUGH INADVERTENCE OR ACCIDENT, or by reason of such insufficient funds. If a duplicate check is issued or if the original check is returned, the undersigned agrees to NOTIFY THE CREDIT UNION PROMPTLY. If this request is not previously revoked, the undersigned agrees that it will AUTOMATICALLY EXPIRE AT THE END OF SIX MONTHS UNLESS A REQUEST IS MADE before that time for the Stop Payment to continue in force. For expense in handling this stop payment order we will charge your account.</p>		
MEMBER'S AUTHORIZED SIGNATURE _____		
MEMBER'S AUTHORIZED SIGNATURE _____		

RELEASE

Check Number	Date of Check	Payable To
Release Received And Accepted By Credit Union		
By signing below, you authorize the Credit Union to release the stop payment previously placed on the above referenced share draft.		
Date _____, _____ Time _____ M.		
By: _____		
MEMBER'S AUTHORIZED SIGNATURE _____		