

STOP PAYMENT ORDER

Member: _____ Account No: _____ Date: _____

Joint Owner: _____ Hour: _____

Identification: _____

Payee (s):	Draft No. (s):	Reason:
Drawn By:	Date:	Amount:

You are directed to return the item(s) described above.

I certify that I am the owner of that account (or the representative/surviving heir of such owner), I am authorized to draw checks or drafts upon the account.

I agree to reimburse Kelly Federal Credit Union, and hold it harmless, for all the expensed and costs it may incur, including attorney fees and court cost, as a result of refusing payment of any item(s) set forth above.

I recognize that one or more items described in this Order may have been presented for payment prior to the date and hour that this Order is made, or that one or more items may be presented for payment so soon after this Order that Kelly Federal Credit Union does not have a reasonable opportunity to act on the Order if that item is presented for payment prior to or within _____ business hours after the date and hour of this Order

I agree that this Order shall be ineffective to stop payment on any post-dated or any conditional item and that the CREDIT UNION may pay any such item upon presentment without regard to date or conditions imposed on that item.

I further understand and agree that Kelly Federal Credit Union shall in no way be liable as a result of payment to this request, and I agree to indemnify the CREDIT UNION for the amount of any such payment and will further indemnify and hold harmless the CREDIT UNION, its agents, officers, and directors, from all suits, actions, demands, judgements, or claims of every character, type, description, brought or made for or on account of the payment of any such items.

I understand that this Order must be signed to be effective in any respect, and that it will remain in effect for such a period of not more that six-(6) months unless renewed in writing for any additional period of not more that six (6) months. I understand that there will be a \$_____ charge for the processing of this Order and an additional charge for any subsequent renewal.

Signature Printed Name

Address City/State/Zip Work Phone Home Phone

Approved By: _____ Fee: _____ Maint: _____ Notes: _____ Inq: _____