

PENN STATE FEDERAL SHARE DRAFT/CHECK STOP PAYMENT REQUEST

123 AMBERLEIGH LANE • BELLEFONTE, PA 16823 • (814) 865-7728

CHECK#	SHARE TYPE	DATE OF ITEM/TRANSFER	AMOUNT	PAYABLE TO	FEE	ACCT/MICR #
#						#
<input type="radio"/> DRAFT/CHECK		<input type="radio"/> POSTDATED ITEM				#

REQUEST VERIFICATION RENEWAL

- ORAL REQUEST
- WRITTEN REQUEST
- RENEWAL REQUEST (6 months)

Date of Initial Request _____

Time Received _____

Member's Name _____

Address _____

Member's Signature and Date _____

(1) **Item Description.** I request Penn State Federal Credit Union to stop payment on the share draft, check. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information on the item is necessary for Penn State Federal Credit Union's computer to identify the item. If I give Penn State Federal Credit Union the incorrect amount or any other incorrect information, they will not be responsible for failing to stop payment on the item. (2) **Postdated Items.** If this Notice involves a Postdated item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or check if presented for payment prior to the date of the item. My Stop Payment Notice on a Postdated Item is subject to all other terms and conditions for Stop Payment Orders. (3) **Stop Payment Order.** I agree that Penn State Federal Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by them (1) within a reasonable time for them to act on my order proper to final payment or similar action; or (2) at least three (3) business days before the scheduled date of the pre-authorized EFT or ACH draft. **I understand that my Stop Payment request is conditional and subject to Penn State Federal Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken.** I understand that my Stop Payment Order will be effective as follows: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment Order will be effective for six (6) months. A written Stop Payment Order may be renewed in writing from time to time. I also agree to notify Penn State Federal promptly upon the issuance of any duplicate item which replaced the item subject to this order upon return of the original item. I agree to pay Penn State Federal a stop payment fee for requests as set forth above. (4) **Indemnification.** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

Penn State Federal Credit Union's Copy. Upon Completing, please mail to address listed above Attn: Stop Payment.

✂ Cut Here

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