



STOP PAYMENT

_____	_____	_____	If this is a range stop, the check number beginning the range is placed in the box to the left	_____
Branch No.	Account No.	Check No.		End Range Check No.
_____	_____	_____		
Amount	Exp. Days	Payee		
_____		_____		_____
Check Signed By		Reason For Stop Payment		Check Dated

The undersigned agrees to indemnify Premier Community Credit Union for all damage, costs, and expenses to which Premier Community Credit Union may be subjected by complying with this order. I understand that Premier Community Credit Union will use its best efforts to stop the check; however, should the check be accepted and paid before this order was given or before Premier Community Credit Union has had a reasonable time to act on it, or should the description of the check be inaccurate, or should Premier Community Credit Union become a holder in due course, then Premier Community Credit Union will not be liable to me in any way and the check may be charged to my account. I certify that I have reviewed this completed document and find all information regarding the above listed check(s) are correct as described. I further understand that, should there be a dispute involving this order, the burden of proving the fact and any amount of any loss will be upon me. This order will automatically expire _____ months from its date unless previously released or renewed in writing. Unless the member's signature appears below, the request was orally made and shall not be binding on Premier Community Credit Union beyond 14 days from the date of this form unless confirmed in writing by the member within 14 days.

Member Signature _____ Date _____

Member Signature for Release _____ Date _____

CREDIT UNION USE ONLY

Rc'd By: _____ Service Charge: _____ Input By: _____

Date: _____ Time: _____ Approved By: _____