



Stop Payment

P.O. Box 9002, West Jordan, UT 84084 | (801) 260-7600

You are hereby requested to stop payment on the following:

Account #	Member Name:		
Stop Payment Type:	ACH Transaction	Personal Check	Official Check*
ACH Name:	ACH Item Amount: \$		
Check Number(s) to Stop Payment On:			Date on Check(s):
Amount of Check(s):	Signer of Check(s):	Check(s) Payable To:	
Reason for Stop Payment:			Fee :
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other (give reason):			

I agree to hold Cyprus Federal Credit Union harmless from and against any losses, claims, or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure to exercise ordinary care, or (2) refusal to make payment of the stopped item(s). The Credit Union shall not be liable if, as a result of payment of the item(s) subject to this order, other items drawn by me are returned due to insufficient funds. I will notify the Credit Union promptly of the issuance of a check(s) or item(s) which is (are) a duplicate of the check(s) or item(s) subject to this order, or upon return of the original check(s).

1. A check stop-payment order will automatically expire at the end of six (6) months unless the Credit Union receives a written renewal order. The Credit Union shall not be liable for payment of any item subject to a stop payment order upon the expiration or withdrawal of such order, and the Credit Union may, at its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing or in person at the Credit Union. I agree that I may be charged a fee for this stop payment order.

2. An ACH Stop Payment Order is for one specific company name. ACH stop payments on recurring preauthorized electronic debit transactions will apply to all future transactions and will remain in effect until all entries related to the order have been stopped. The order may not automatically expire after a period of six months.

One-Time Stop Stop All Future Debits

3. *Official Check Stop Payment Orders: Special guaranteed funds rules apply to official check stop payments. The only accepted reasons for a stop payment to be placed on an official check are if the check is lost or stolen. A stop payment may be placed 10 business days from the date of the check. Another Official check will be reissued with the information provided from the original.

_____	(xx-xx-xxxx)
Member Signature For Stop Payment	Date

_____	(xx-xx-xxxx)
Member Signature To Release Stop Payment	Date

Date Received:	Time:	Stop Payment Expiration Date (6 mos. automatic):	(xx-xx-xx)
Employee:	Branch:	0\$27 Checked:	Yes No