

Stop Payment Request

For Catholic & Community Credit Union, 1109 Hartman Lane, Shiloh, IL 62221

Member Name _____ Account# _____

Address _____

Phone# _____ Date _____ ID# _____

Check
Payee _____ Check# _____ Amount\$ _____

Date on Check _____ Signed by _____

Reason for Stop Payment _____

*The Stop Payment for this check will remain in effect for such a period of **not more than six months** unless renewed in writing for additional period of not more than six months.

ACH
Payee _____ Date Expected _____

Amount\$ _____ Authorized by _____

Reason for Stop Payment _____

*The Stop Payment for an ACH item must be signed to be effective in any respect, and that it will remain in effect for such a period of **not more than 60 days**.

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

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

I agree to reimburse Catholic & Community Credit Union, and hold it harmless, for all expenses and costs it may incur, including attorneys' fees and courts costs, as a result of refusing payment on any item(s) set forth above.

I recognize that one or more items described in this request may have been presented for payment prior to the date and hour that this request is made, or that one or more items may be presented for payment so soon after this request that Catholic & Community Credit Union does not have a reasonable opportunity to act on the request if that item is presented prior to or within 1 business hour after the date and hour of this request.

I agree that this request shall be ineffective to stop payment on any post-dated or any conditional item and that Catholic & Community 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 Catholic & Community Credit Union shall in no way be liable as a result of payment to this request, and I agree to indemnify Catholic & Community Credit Union for the amount of any such payment and will further indemnify and hold harmless Catholic & Community Credit Union, its agents, officers, and directors, from all suits, actions, demands, judgments, or claims of every character, type, or description, brought or made for or on account of the payment of any such items.

I understand that this request must be signed to be effective in any respect and that there will be a \$20.00 charge for the processing of this request and an additional charge for any subsequent renewal.

Signature _____ Date _____

CCCU Employee _____

Fee _____ Date _____ Notes _____