

**Stop Payment Request for Share Draft Items
Catholic and Community Credit Union
Belleville, IL 618-233-8073**

Member: _____ Account#: _____ Date: _____

Joint Owner: _____ Identification: _____ Time: _____

****CHECK****

Payee(s): _____ Draft#(s): _____ Amount: _____

Drawn By: _____ Date: _____ Reason: _____

The stop payment on a paper check will remain in effect for such a period of not more than six (6) months unless renewed in writing for an additional period of not more than six (6) months.

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), and I am authorized to draw checks or drafts upon that account.

I agree to reimburse Catholic and Community Credit Union, and hold it harmless, for all expensed and costs it may incur, including attorney's fees and court costs, 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 Catholic and Community Credit Union does not have a reasonable opportunity to act on the order if that item is presented for payment prior to or within one (1) business hour after the date and hour of the 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 such item upon presentment without regard to date or conditions imposed on that item.

I further understand and agree that Catholic and Community 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, 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 order must be signed to be effective in any respect and that there will be a \$25.00 charge for the processing of this order and an additional charge for any subsequent renewal.

Signature: _____ **Printed Name:** _____

Address _____ City/State/Zip _____ Work# _____ Home# _____

Employee Initials: _____ **Fee:** _____ **Faxed Date:** _____

Date checked: _____ **Initials:** _____