

Texas Bridge Credit Union

Stop Payment Order

Please Print Clearly

Member:	Account #:	Date:
Joint Owner(s):		Hour:
Payee(s):	Check #(s):	Amount(s):
Drawn By:	Date(s) of Item(s):	Member Initials:
Reason For Stop Payment:		

- 1) You are directed to stop payment on the item described above drawn upon the above-described account.
- 2) I certify that I am the owner of that account (or I am the qualified representative of the last surviving owner of that account having presented the credit union with such evidence of my qualification as the credit union deems necessary) and that I am authorized to draw checks upon or make withdrawals from that account.
- 3) I agree to reimburse Texas Bridge Credit Union upon demand and hold it harmless for all expenses and costs which it may incur, including attorney's fees and court costs, as a result of refusing payment of the item(s) set forth above.
- 4) 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 Texas Bridge Credit Union does not have a reasonable opportunity to act on the Order. In that event, I agree that the Credit Union shall not be liable for payment. I also agree that the credit union will only be liable if it fails to act in good faith or to exercise ordinary care in the execution of this Stop Payment Order.
- 5) I recognize that, in order for Texas Bridge Credit Union to execute a Stop Payment Order, it is essential that the information supplied be accurate in every respect. I recognize further that any incorrect or inadequate information may result in an ineffective Stop Payment Order and that I, rather than the Credit Union, assume this risk.
- 6) This order is effective for a period of six (6) months only, unless it is renewed in writing.
- 7) I agree to promptly notify Texas Bridge Credit Union in writing if the item described above is recovered or destroyed or if this Stop Payment Order is cancelled.

- 8) I agree that this Order shall be ineffective to stop payment on any postdated or conditional item and that the credit union may pay any such item upon presentment without regard to date or conditions imposed on that item.
- 9) I understand and agree that there will be a \$_____ charge for the processing of this Stop Payment Order and an additional \$_____ charge for any subsequent renewal of this Stop Payment Order.
- 10) I certify that the information contained in this Order is correct and complete.

Member Signature:	Member Printed Name:	Phone #:
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This area below is for Credit Union use only.

Date:	Identification:	Credit Union:
Time Taken:	Taken By:	
Time Transmitted:	Transmitted By:	Date Transmitted:

