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FAFCU.org

## CHECK STOP PAYMENT REQUEST

In this Check Stop Payment Request form ("Stop Payment"), the words "You", "Your" and "Yours" mean the member who signs below and the words "We", "Us", "Our" and "Credit Union" mean F&A Credit Union. You understand that this Check Stop Payment Request does not apply to any corporate check certified and issued by us on your behalf. To stop payment on a corporate check you must complete a "Corporate Check Loss & Claim".

### Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Street Address	City, State, Zip Code

### Check Information

Payee	Check Amount
Date of Check	Check Number

### Member Authorization & Acknowledgement

You understand that if you do not supply us with the complete and accurate details regarding the check, this Stop Payment will not be processed. You agree that we shall not be liable for payment of a check in the event the information you provide on this form is in any manner incomplete or inaccurate. You understand that if you presented the check for payment, pursuant to the California Commercial Code, Section 4303 if a person becomes a holder in due course of the check, that we may not be able to stop payment on it. You also understand that if we have guaranteed payment of the item, that we will not be able to stop payment on it. You agree to indemnify us against all liability, loss, costs, damages, attorney fees and other expenses, including, but not limited to, any amount we are obligated to pay on the item, which we may sustain or incur on consequence of honoring this Request to Stop Payment. You understand you must notify us if the reason for the Request to Stop Payment ceases to exist. You understand that this Request to Stop Payment expires and is of no further effect six (6) months from the date on this form. A stop payment fee will be assessed for each stop payment as set forth in our current Schedule of Fees and Charges. You acknowledge receipt of a copy of this Request to Stop Payment and accept and agree to the terms herein.

Member Signature (required)

Date