



Stop Payment Request/Postdated Item Request

Oral Request

Written Request

MTFCU Member Name :

MTFCU Member # :

Draft Stop Payment Information

Check # :

Date of Check :

Check made Payable to :

Amount :

Reason for Stop Payment :

ACH Stop Payment Information

Company Name:

Company ID:

Reason for Stop Payment :

Amount :

Item Description: I request Members Trust Federal Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT") or ACH draft (Item) described above. I warrant the Item description, including the date or scheduled transfer date, its exact amount, the Item number, company ID for EFT/ACH item, and payee are correct. I understand the EXACT information on the Item is necessary for the credit union's processing system to identify the Item. If I give the credit union the incorrect amount or any other incorrect information, the credit union will not be responsible for failing to stop payment on the Item.

Postdated Item. If this request involves a Postdated Item, as indicated above, I hereby request the credit union to Stop Payment on the share draft or check if presented prior to the date of the Item. My Stop Payment request on a Postdated Item is subject to all other terms and conditions for Stop Payment Orders on this request.

Stop Payment Order. I agree that the credit union will not be responsible for stopping payment unless my stop payment is received by the credit union (1) within a reasonable time for the credit union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the pre-authorized EFT or ACH draft. For Single-Entry WEB entries, for POP entries, and for TEL entries, the stop payment order must be provided to the credit union at such time and in such manner as to allow the credit union a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry. I understand my stop payment request is conditional and subject to the credit union's verification that the Item has not already been paid or that some other action to pay the Item has not been taken.

I understand my stop payment order will remain in effect as follows: (WHICHEVER OCCURS FIRST)

- (1) for six months with a written request for the Item from the date of the stop payment order; or
- (2) until the payment of the debit entry has been stopped, one time presentment of the Item; or
- (3) the account holder (Receiver) withdraws the stop payment order in writing, WHICHEVER OCCURS FIRST.

Verbal stop payment request will cease to be binding at the end of fourteen (14) days from the date of the stop payment request

Indemnification. I agree to indemnify and hold the credit union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the credit union's action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

I have read and understand the terms and conditions of this stop payment order. A stop payment fee may be applied to this request.

Please print, sign and fax completed form to:
Houston Office 713-681-2114
Stephenville Office 254-968-4687

Signed By _____

Current Date

Processed By: _____ / Tlr #: _____ Fee Charged: _____