



Request For Stop Payment

Name _____ Account Number _____

I hereby direct Northrop Grumman Federal Credit Union to Stop Payment on the following Share Draft(s) or Credit Union Issued Check(s).

Share Drafts(s)

Drafts #(s): _____ Amount \$: _____ Issue Date: _____
 Payee(s): _____
 Reason: Lost (additional information required) Stolen (additional information required)
 Goods or services unacceptable Cancellation
 Dispute Other _____
If Lost or Stolen: Date Lost/Stolen: _____ Identification Lost/Stolen? _____
 Police Report Filed? _____ If Yes, what agency: _____ Case No. _____

Credit Union Issued Check(s)

Check #(s): _____ Amount \$: _____ Issue Date: _____
 Payee(s): _____
 Reason: Lost Stolen Account # _____ Suffix _____
 Date Lost/Stolen: _____ Identification Lost/Stolen? _____
 Police Report Filed? _____ If Yes, what agency: _____ Case No. _____

Item(s) Paid on _____, no Stop in Effect.

I understand that this request for stop payment expires and is no longer in effect six (6) months from the date the credit union receives this request.

I understand that the above Draft/Check number(s) and amount (s) must be correct for the Stop Payment to take effect.

I understand that if your bank has obligated itself to pay the Draft/Check, pursuant to California Commercial Code Section 4303, or a third person (including another branch of your bank) becomes a holder in due course of the Draft/Check, that you may be obligated to pay the Draft/Check.

I agree to indemnify you against any and all liabilities, losses, costs, damages, attorney fees, and other expenses, including but not limited to an amount you are obliged to pay on the Draft/Check, which you may sustain or incur in consequence of honoring this Request for Stop Payment.

I understand that I must notify you in writing if and when the reason for the Stop Payment ceases to exist.

I understand that I may be charged the same Stop Payment fee for canceling this Stop Payment Request.

I understand that Northrop Grumman Federal Credit Union will not be liable for paying a Draft/Check on the day the Stop Payment Request is received.

I understand that Stop Payments on Credit Union Official Checks may not be credited to my account until three (3) business days after the Stop Payment Request is received.

This is authorization for Northrop Grumman Federal Credit Union to charge my account \$10.00 for this Stop Payment Request.

Account # _____ Suffix # _____

Your verbal request for stop payment is only valid for fourteen (14) days. You must verify, sign and return this form to the credit union by no later than _____. Failure to return this form to the credit union will result in your check being paid if it is presented for payment after the above expiration date.

By signing below I agree to the above terms and acknowledge receipt of a copy of this Request for Stop Payment

Member s Signature _____ Daytime Phone _____ Date _____

Office Use Only:

Processed by _____ Date _____ Fee Charged _____