



Stop Payment Request

Account #: _____ Name: _____ Email: _____

Address: _____ Phone: _____ Date: _____ Time: _____

Please place a stop order for the following item(s):

Amount	Draft #/ACH ID	Date of Draft/ACH	Payable to	Reason for Stop

By signing this form, I verify the above information is correct and agree to be bound by the terms and conditions of the stop payment process as noted below.

Member Signature: _____ Date: _____

Terms and Conditions for Stop Payments

- I request ChevronWest Credit Union to stop payment on the share draft, official check, preauthorized Electronic Funds Transfer (EFT), or ACH draft described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number and payee are correct. I understand that the EXACT information on the item is necessary to complete the stop request. If I give the credit union any incorrect information, we will not be responsible for failing to stop payment on the item.
- I agree that ChevronWest Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the credit union (1) within a reasonable time for the credit union to act on my order prior to a final payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to verification that the item has not already been paid or that some other action to pay the item has not already been taken. Oral requests for stop payments will not be honored. All requests for Stop payments must be submitted on this stop payment form and signed by the account holder(s). All signed stop payment requests will be effective for 6 months.
- I agree to indemnify and hold 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.
- OFFICIAL CHECKS. I understand that a confirmation of the stop payment from our bank will determine when funds can be reissued or replaced after stopping payment. Conditional credit will not be given in advance of this confirmation.
- Member Draft Stop payment requests will only be granted by the owner or joint owner on the account. Official check stop payment requests may be initiated by the credit union, or at the member's request for a lawful and legitimate reason. Stop payments issued at member request will be subject to a \$15.00 stop payment fee.

Upon completion, please mail, fax or email this request to:

ChevronWest Credit Union
 Bountiful Main Office
 100 S. 500 W.
 Bountiful, UT 84010
 Phone: (801) 683-3000
 Fax: (801) 683-3023
 Email: rachel@chevronwestcu.org

Credit Union Authorization: _____ Date: _____ Time: _____