

STOP PAYMENT AUTHORIZATION

Member Name: _____

Daytime Phone Number: _____

I hereby authorize stop payment on the following:

_____	\$ _____	_____	\$ _____
Check No.	Amount	Account Number	Stop Fee

Payable to: _____

Reason: Lost Stolen Dispute

1. I agree to indemnify and hold NBC Universal Employees Federal Credit Union harmless from any cost, claim, liability, or damage, including reasonable attorney’s fees that result from carrying out this “Stop Payment Authorization”.
2. Under the Uniform code, this “Stop Payment Authorization” is effective only if you receive it in a time and manner that affords you reasonable opportunity to act on it.
3. Also, the Uniform code provides that a written stop payment authorization is binding upon any institution for only six (6) months, unless renewed in writing. An oral stop payment is effective for only 14 days unless confirmed in writing within 14 days.
4. I understand that the Check, if properly negotiated, is in the nature of a payment guaranteed by the Credit Union.

Please be advised that merchants and check collectors now have the ability to collect unpaid checks through electronic debit. This stop payment authorization will not stop the electronic payment of an unpaid check. If this occurs you have 60 days from the posting of the said debit to notify the Credit Union to receive full credit for this transaction. Please review your statement carefully and contact the Credit Union with any questions.

_____	_____
Member (<i>Authorized</i>) Signature	Date

CREDIT UNION USE ONLY

Stop Payment Release: The above request is hereby withdrawn	_____
	CU Rep

_____	_____	_____
Member (<i>Authorized</i>) Signature	Date	Date