



Instructions for Stop Payment Form

General Information:

This form is used to place a stop payment on a check or series of checks. Please note there is a fee as outlined in the Rate and Fee Schedule.

Form Instructions:

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date Signature section

Where to Send the Completed Form:

You may mail or fax the form to one of the following locations. Or, visit any Credit Union branch location.

Mail to – PO Box 100070
Duluth, Georgia 30096
Attention: Member Care Center

Fax to – (770) 476-6500

Branch Locations- www.gucu.org



Stop Payment Form

Name of party stopping payment				Account Number	
Date of Draft	Amount of Draft	Low Draft Number	High Draft Number	Payable to	
Reason for Stopping Payment			<input type="checkbox"/> Telephone Request <input type="checkbox"/> Personal Contact		
Received by		Date and Time		Service Fee	Expiration Date
				\$30.00	

THE PARTY GIVING THIS ORDER WAS INFORMED OF AND AGREED TO THE FOLLOWING CONDITIONS:

1. **Item Description.** I request Georgia United Credit Union to stop payment on the check (share draft) described above. I warrant that the item description, including the date, exact amount, check (share draft) number and the payee are correct. I understand that the EXACT information on this check (share draft) is necessary for Georgia United Credit Union's computer to identify the check (share draft). If I give Georgia United Credit Union the incorrect amount or any other incorrect information, Georgia United Credit Union will not be responsible for failing to stop payment on the item.

2. **Postdated Items.** If this notice involves a Postdated item, as indicated above, I hereby request Georgia United Credit Union to stop payment on the check (share draft) if presented for payment prior to the date of the check (share draft). My stop payment notice on a postdated item is subject to all other terms and conditions for stop payment orders.

3. **Stop Payment Order.** I agree that Georgia United Credit Union will not be responsible for stopping payment unless my stop payment order is received by Georgia United Credit Union within a reasonable time to act on my order prior to final payment or similar action. I understand that my stop payment request is conditional and subject to Georgia United Credit Union's verification that the check (share draft) has not already paid or that some other action to pay the check (share draft) has not been taken. I understand that my stop payment order will be effective as follows: I may make an oral stop payment order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written stop payment order will be effective for six (6) months unless it is previously cancelled by me. It may be renewed in writing by me during the period the stop payment order is effective, and is subject to all other terms and conditions for stop payment orders. I understand that Georgia United Credit Union has no responsibility to notify me when a stop payment order expires. I agree to pay Georgia United Credit Union a stop payment fee for each request as set forth above and understand that the stop payment fee may change from time to time.

4. **Indemnification.** I agree to indemnify and hold Georgia United Credit Union harmless from all cost, including attorney fees, (to the extent permitted by law) damage or claims related to Georgia United Credit Union's actions in refusing payment of the check (share draft), including all claims of any joint owner, payee, or endorsee, or in failing to stop payment of a check (share draft) as a result of incorrect information provided by me.

Signature of Party Stopping Payment