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## Stop Payment Request for Personal Checking Account

Member Name, Joint Owner or Authorized Agent:		
Checking Account #:	Check #:	Amount:
Check Payee Name:		Date of Check:

### Statement

By signing below, I, the member, joint owner or authorized agent on the checking account designated, request SafeAmerica Credit Union ("SafeAmerica") to stop payment on the check indicated above. I acknowledge and agree to the following:

- SafeAmerica will have no liability to me or to any third party for failure to stop payment in the following circumstances:
  - The check has already been paid, accepted or certified when SafeAmerica receives this request, or SafeAmerica pays, accepts or certifies the check within 24 hours of your receipt of this request; or
  - The check discharges my valid obligation; or
  - I fail to provide the exact account number, exact dollar amount of the check and the exact check number. I understand that SafeAmerica uses an automated system to search for checks for which stop payment requests are submitted, and if any of these three items is incorrect, it may not be possible to find the check and stop payment on it.
- If SafeAmerica fails to stop payment on a check in spite of my having submitted an accurate and timely request, your liability will not exceed the amount of damages actually incurred and will in no event exceed the amount of the check plus the stop payment fee. If SafeAmerica credits my account due to your failure to stop payment despite my timely and accurate instructions, I agree that:
  - Such crediting will automatically assign any rights related to the check that I may have against the payee or other entity cashing the check to SafeAmerica; and
  - I will provide cooperation reasonably requested in connection with any effort by SafeAmerica or its insurers to recover the amount of the check from any responsible third party.
- This stop payment request will be valid for 6 months, unless canceled by me in writing. After 6 months, this stop payment request will lapse, unless I renew it in writing.
- If I elect to submit a stop payment request by telephone, I further acknowledge and agree:
  - SafeAmerica will have no liability to me for failure to stop payment due to inaccurate information unless your failure to stop the payment was willful; and
  - SafeAmerica has the right to require me to confirm this stop payment request in writing, and if I fail to do so within 14 days, this request will lapse and the check may be paid.
- I authorize you to deduct the stop payment fee of \$ \_\_\_\_\_ from the checking account on which this request is submitted or, if the checking account does not have available funds, my SafeAmerica share savings account. If I submit this request in person, I may pay the fee in cash. If the stop payment fee cannot be collected, SafeAmerica will have no obligation to stop the payment.
- I agree to defend, indemnify and hold SafeAmerica harmless from any claims, damages, losses, liability or expenses to which you become subject as a result of honoring this request consistent with my instructions.
- If this form is submitted to SafeAmerica by facsimile transmission or online, I agree that such submission will have the same legally binding effect on me as if I had submitted this original stop payment to SafeAmerica.

\_\_\_\_\_  
Signature of Checking Account Owner, Joint Owner or Agent

\_\_\_\_\_  
Date