

Fort Meade Community Credit Union
Request for a Stop Payment of a Share Draft

Account Number: _____ Date of Request: _____

I request that a stop payment be issued on draft # _____ in the amount of \$ _____

Issued on _____ to _____.

A stop payment is not binding upon the Fort Meade Community Credit Union, unless it is issued in writing and signed by the member directing the "stop". A stop payment release must also be in writing, over the signature of the member.

I, the undersigned, agree to hold the Fort Meade Community Credit Union harmless for said amount, as well as all expenses and costs incurred by the Credit Union, through refusing payment of the above draft. Further, I agree to hold the Fort Meade Community Credit free of all liability, should payment be made contrary to this request, or if it is too late for the stop payment to take effect. I am aware that this action, when approved, will remain on file with the clearinghouse for a period of six (6) months.

_____ Member's Name	_____ Member's Signature	_____ Date
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_____ Action Approved By	_____ Confirmation #	_____
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\$15 fee: Savings Checking Cash

This signed request and agreement will be filed in the member's Share Draft file for record.