



P.O. Box 5760
Vacaville, CA 95696
(707) 557-8900 (707) 557-8279 fax

FINANCIAL FCU

Stop Payment Request

Account Holder Name: _____

Account Number: _____

Date of Draft: _____

Draft Number or Range: _____

Name of Payee: _____

Transaction Amount: \$ _____

Reason for stop payment: _____

Befit Financial Federal Credit Union is requested to stop payment on the draft described above, unless it has already been paid, certified, or accepted. By signing below, the account holder understands and agrees to the following terms and conditions.

- 1) A fee will be charged to the account holder's account for this Stop Payment request (see BFFCU Fee Schedule).
- 2) This Stop Payment request will automatically terminate after 14 calendar days if not confirmed in writing by the account holder. If confirmed in writing, this Stop Payment request will be valid for six (6) months. A Stop Payment request may be renewed for an additional six (6) month period at the written request of the account holder before the expiration of this Stop Payment request.
- 3) Befit Financial Federal Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to the account holder. The account holder agrees to hold the credit union harmless from any claim, loss, damage, or expense that it may suffer or incur, including attorney's fees, by virtue of refusing payment of any item on which the account holder stopped payment, as well as for payment of any item after the Stop Payment request has expired.

Signature

Date

<u>Credit Union Use Only</u>			
Date request received: _____	Fee: _____	Expiration Date: _____	Input By: _____