



Please complete, print, and sign this form.
Your signature is required to complete this process.

You may fax this form to (432)367-6191 or
Drop it off at either Southwest Heritage Credit Union location.
2809 J.B.S. Parkway 930 W. University
Odessa, TX 79762 Odessa, TX 79763

STOP PAYMENT FORM

This form is for checks ONLY

No Electronic items or debit card transactions can be stopped with this form.

All fields are required.

First Name
Last Name
Address
City, State and Zip Code
Phone Number
Email Address
Member Account #
Check Number to Stop
Payable to
Amount
Date on Check

DISCLOSURE:

This form must be signed and returned to Southwest Heritage Credit Union. Thereafter, the process for a draft stop payment request will be initiated and is valid for 180 days. Southwest Heritage Credit Union is not liable for share drafts that have already been processed or presented. The fee for this service is \$23 which will be charged to your share draft account.

TERMS AND CONDITIONS:

- 1. Item Description. I request the Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT"), described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information on the item is necessary for the Credit Union's computer to identify the item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.
2. Stop Payment Order. I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT. I understand that my stop payment request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Order on drafts will be effective for a period of six (6) months from the date of this request unless I withdraw this order or renew the order for additional periods, in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item, which replaces the item subject to this order, or upon return of the original item. I agree to pay the Credit Union a stop payment/revocation fee for each request as set forth above.
3. Indemnification. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment on an item as a result of incorrect information provided by me.

I have read the Disclosure and Terms and Conditions above. I agree to these conditions, and hereby authorize Southwest Heritage Credit Union to proceed with this Stop Payment Request.

Member Signature

Date