



430 South 4<sup>th</sup> Street, Reading, PA 19602  
(800) 451-3477 • (610) 374-8351  
Fax (610) 374-0686

### CHECK STOP PAYMENT REQUEST FORM / POSTDATED ITEM NOTICE

Member's Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_  Mobile  Work (\_\_\_\_\_) \_\_\_\_\_

This is a request to stop payment of a  Check  Postdated Check

Check number or series: \_\_\_\_\_ Account drawn on:  Checking  Money Market  
 Unsecured Line of Credit  Home Equity Line of Credit

Date check was written: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Payee: \_\_\_\_\_

Is this a request to renew an existing stop payment order?  Yes  No

Fee:  \$7.50 single check  \$15 series of checks

**By signing below, I acknowledge I have read and agree to the terms below:**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Upon completing, please mail or fax to the credit union's address listed above Attn: Stop Payment*

**1.) Item Description.** I request Riverfront Federal Credit Union (Credit Union) to stop payment on the share draft, check, or ACH draft ("Item") described above. I warrant that the Item description, including the 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 system 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.) Postdated Items.** If this Notice involves a Postdated Item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or check if presented for payment prior to the date of the Item. 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 the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union within a reasonable time for the Credit Union to act on my order prior to final payment or similar action. 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 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.** A written Stop Payment Order may be renewed in writing from time to time. I also agree to notify the Credit Union promptly upon the issuance of any duplicate Item which replaces the Item subject to this order upon return of the original Item. I agree to pay the Credit Union a stop payment fee for requests as set forth above. I understand that the Credit Union may accept a stop payment request from any of the joint owners of the account regardless of who signed the check or authorized the transfer. A release of the stop payment order may be made by any of the joint owners of the account regardless of who initiated the stop payment.

**4.) 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 of an Item as a result of incorrect information provided by me.

**CREDIT UNION USE ONLY:**

Initial request received by \_\_\_\_\_ Date \_\_\_\_\_ Via  In person  Phone  Fax

Form submitted to member by mail  Member accessed form online

Stop payment processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Written request received by: \_\_\_\_\_ Date: \_\_\_\_\_