

VERITAS FEDERAL CREDIT UNION

STOP PAYMENT AUTHORIZATION

I / We are requesting a stop payment on the check or preauthorized transfer described below, unless the item has already paid, been certified, or accepted. I / We understand that this authorization shall cease to be effective six (6) months from the date shown below, but lapses after fourteen (14) calendar days if the original order was submitted orally and not confirmed in writing within that 14 day period.

VERITAS Federal Credit Union shall not be liable for payment of the check or preauthorized transfer contrary to this request unless payment is caused by the Credit Union's negligence and an actual loss occurs. I / We agree to reimburse the Credit Union for any loss it may sustain in honoring this request. I / We agree to pay the Credit Union a "stop payment" processing fee and further agree that the fee shall be assessed to my checking account in the amount of \$35.00.

If this document is accessed on-line, security precautions require that you print the document, complete all necessary information, sign where indicated, and fax to the Credit Union 615-786-0457.

Member Name _____ Account # _____
(Please Print)

Date of Check _____ Check Number _____

Amount of Check _____ Checking Suffix _____

Check Payable To _____

Reason for Stop _____

Member Signature _____ Date _____

Internal Office Use

Date Received _____ Date Entered _____