

FAX BACK TO (650) 366-0748

TO SEQUOIA FCU – You are hereby directed to attempt to stop payment on the following share draft(s).

Draft(s) # _____	Amount _____
Date Issued _____	Payee _____
Reason: Lost or Stolen _____ Dispute _____	Other _____

I understand that the draft numbers and amounts I list must be correct for the stop to take effect.

I understand that if your bank has obligated itself to pay the draft, pursuant to California Commercial Code, Section 4303, or a third person (including another branch of your bank) becomes a holder in due course of the draft, that you may be obligated to pay the draft.

I agree to indemnify you against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount you are obligated to pay on the draft, which you may sustain or incur in consequences of honoring this Request to Stop Payment.

I understand that I must notify you in writing if and when the reason for the stop payment ceases to exist.

I UNDERSTAND THAT THIS REQUEST FOR STOP PAYMENT EXPIRES AND IS OF NO FURTHER EFFECT SIX (6) MONTHS FROM THE DATE HEREOF.

I acknowledge receipt of a copy of the Request to Stop Payment, and accept and agree to the terms hereof.

SEQUOIA Federal Credit Union will be not liable for paying a draft on the day the stop payment request is received.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

C.U. Acct. #: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

OFFICE USE ONLY	
Received By _____	Date _____
Date Charged _____	Amount _____
Charged By _____	Approved _____