

Member Check Stop Payment

Member or Joint Member Name: _____

Account Number: _____

Payee(s): _____

Draft No(s): _____

Amount(s): \$ _____

Written By: _____

Date(s) Draft Written: _____

On the terms herein after set out, the undersigned Depositor hereby instructs Smart Financial Credit Union not to pay the above described draft(s).

I certify that I am the owner of the account (or the qualified representative)/ surviving heir of such owner), and I am authorized to draw checks or drafts upon that account.

I agree to reimburse Smart Financial Credit Union, and hold it harmless, for all expenses and costs it may incur, including attorney's fees and court costs, as a result of refusing payment of any item(s) set forth above.

I recognize that one or more items described in this Order may have been presented for payment prior to the date and hour that this Order is made, or that one of the items may be presented for payment so soon after this Order that Smart Financial Credit Union does not have a reasonable opportunity to act on the Order. I agree that the Credit Union shall not be liable for payment of any item described in this Order, nor for any consequences arising from such payment, if that item is presented for payment prior to or within twenty-four (24) business hours after the date and hour of this Order.

I agree that this Order shall be ineffective to stop payment on any postdated or conditional item and that the Credit Union may pay any such item upon presentment without regard to date or condition imposed on that item.

I further understand and agree that Smart Financial Credit Union shall in no way be liable as a result of payment contrary to this request, and I agree to indemnify the Credit Union for the amount of any such payment and will further indemnify and hold harmless the Credit Union, its agents, officers and directors from all suits, actions, demands, judgments, or claims of every character, type or description, brought or made for or on account of the payment of any such items.

I understand that this Order must be signed to be effective in any respect. Check stop payments will remain in effect for 6 months. I understand I must notify Smart Financial Credit Union in writing to remove this Order. I understand that there will be a **\$30.00 service charge** for the processing of each draft in this Order and an additional **\$30.00 service charge** for any subsequent renewal as adopted by the Credit Union from time to time.

I certify that the information in this Order is correct and complete.

Member Signature REQUIRED

Print Name	Contact Number	Date
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Submitted by (Employee Name Required) _____ Date/Time _____