2000 West Lindsey · Norman, Oklahoma 73069-4106
Phone (405) 325-2211
Fax (405) 325-7931

SHARE DRAFT STOP PAYMENT REQUEST

Member Name & Address		
Member Number	Amount of Item or ☐ Any Amount	Item #, if any
Payable To:		
Fee **$20.00**	Date of Request	Expected Posting Date
Reason for Stop Payment Request		

The item specified above will be subject to the following request:

- ☐ I wish to stop **POST DATED** draft #_____ in the amount of $_____ until _____.
- ☐ I wish to stop **DRAFT #** _____ in the amount of $_____.
- ☐ I wish to stop a **RANGE OF** drafts: from draft # _____ to draft # _____.
- ☐ I wish to **RELEASE** the stop payment request for the item(s) described above.

If a Stop Payment Order expires and the item is subsequently presented, I release the Credit Union from any and all liability, claims and damages resulting from the Credit Union honoring or paying the item.

I understand the credit union will not be responsible for stopping payment unless my request is received within a reasonable time for the credit union to act prior to final payment. The Credit Union's liability shall not, in any event exceed the amount of the Item described above. This Stop Payment Request is subject to the Oklahoma UCC and by the ACH rules. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I agree to notify the Credit Union promptly upon issuance of any duplicate item, which replaces the item subject to this Stop Payment Request, or upon return of the original item. I agree to pay the Credit Union the stop payment fee disclosed above for each stop payment request. I assert that I am an authorized signer or have authority to act on this account and that this written statement is true and correct and not entered into fraudulently.

A stop payment order is for a check/draft, and will expire after 6 months unless renewed in writing.

If a verbal stop-payment order is accepted at the Credit Union and I fail to complete and submit this written request for the stop payment order within 14 days, the credit union's block on the payment shall be lifted and the credit union will issue payment to any payee(s). An oral stop payment order ceases to be binding after 14 days if I fail to provide this written confirmation of the stop payment order.

Date & Time Received: _____

_____ Member Signature Date

_____ Member Signature Date

For Credit Union Use Only		
☐ Copy to Member	Reqeust Taken By:	Date Processed:

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