



Please complete and sign this form and return  
to Attn: Account Services Dept.  
FAX: (866) 496-5134 or EMAIL:  
account\_services@SouthlandCU.org

## Request to Stop Payment • Bill Pay Check

Southland Credit Union is hereby directed to stop payment on the following bill pay check.

Check Stop Payment on Account #: \_\_\_\_\_

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

Date Issued: \_\_\_\_\_ Reason for Stop Payment: \_\_\_\_\_

I understand that the check and amount I list must be correct for the Stop Payment to take effect.

I understand that if Southland Credit Union has obligated itself to pay the check (s), pursuant to California Commercial Code, Section 4304, or a third person becomes the holder in due course of the check(s), that the Southland Credit Union may be obligated to pay the check(s).

I agree to indemnify Southland Credit Union 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 check(s), which Southland Credit Union may sustain or incur in consequence of honoring this Request to Stop Payment.

I understand that I must notify Southland Credit Union in writing if and when the reason for the Stop Payment(s) ceases to exist.

I understand that this request for the Stop Payment expires and is of no further effect one year from the date hereof.

I understand Southland Credit Union will not be liable for paying any check (s) on the day the Request for Stop Payment is received.

Member's Name (please print): \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

### Release of Stop Payment

Release check stop payment on check indicated above.

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

### SCU USE ONLY

Stop Placed By:	Stop Date:	Stop Released By:	Stop Release Date: