



# Official Check Stop Payment

In this "Order to Resist Payment" Agreement and Disclosure Statement, the words 'I', 'me', 'we', 'my' and 'mine' mean those members who sign below. The words 'you', 'your', and 'yours' mean Olive View Federal Credit Union. This form may only be used to request a stop payment on an Official Check issued by Olive View Federal Credit Union (You) on behalf of the member signed below (Me). A \$10 fee will be charged for this check stop request.

## YOUR INFORMATION

Your Full Name \_\_\_\_\_  
First Middle Last  
Account # \_\_\_\_\_ Social Security # \_\_\_\_\_

## CHECK INFORMATION

I hereby order you to attempt to resist payment on the following Official Check:

Official Check #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Payee (Payable To): \_\_\_\_\_  
Reason (Select One): ☐ Lost ☐ Stolen ☐ Destroyed ☐ Not Received

## SIGNATURE

I agree to indemnify, defend and hold harmless Olive View Federal Credit Union and hereby accept full responsibility for all liability resulting from the Credit Union issuing a stop payment at my request. I understand that you may not be able to resist payment on the above-described Official Check. If you are unable to resist payment, I agree that you shall be entitled to charge my account for the amount paid.

There is a 10-day waiting period before I can receive a replacement or refund for this Official Check. If the Official Check is found or delivered to me, I agree and pledge to return the item to the Credit Union.

I acknowledge that this request to resist payment expires 3 months from the issue date on the Official Check.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR CREDIT UNION USE ONLY\*\*\*\*\*

Employee Initials: \_\_\_\_\_ Fee Posted: Y / N Date: \_\_\_\_\_

Confirmation #: \_\_\_\_\_