AMERICAN UNITED
DRAFT STOP PAYMENT ORDER

****

Name(s): _____ Account # _____

_____ Date: _____

Check # _____ Amount $ _____

Payee _____ Reason_____

The undersigned hereby requests that payment of the above identified item(s) be stopped. The undersigned agrees that this Stop Payment Order is subject to the following conditions:

1. This Order must be completed in writing, including the signature of the undersigned. If this Order has been completed orally, the order may only be in effect for (14) calendar days.

2. This Order, if in writing, will be effective for six (6) months from its date. The undersigned may renew the Order by submitting a new order at any future time.

3. The Credit Union's ability to stop payment is based upon the accuracy of the information provided. Items which are not correctly identified by number and/or amount may not be stopped.

4. The Credit Union is not responsible if an item has been paid prior to the issuance of this Order, including a reasonable time to permit stop payment proceedures. The Credit Union is also not responsible for any payment which occurs because of the inaccurate information or inability of the Credit Union's data processing system to identify the item(s).

5. In the event any loss is incurred by the Credit Union with respect to any check paid in violation of this Order, all rights of the undersigned in and to the item are assigned to the Credit Union.

6. The undersigned hereby authorized the Credit Union to obtain ant information necessary for investigation, or to pursue recovery of any loss.

Dated this _____ day of _____ 20_____ .

Member Signature:

_____

********** **For Credit Union Use** **********

Witness:_____

Comments:_____

_____