American United
FEDERAL CREDIT UNION

** RELEASE OF STOP PAYMENT ORDER **

MEMBER: _____ **DATE** _____

ACCT #: _____ **AMOUNT $** _____

CHECK #(s) : _____

The undersigned hereby requests that the stop payment order on the item(s) listed above be released. The undersigned agrees that this release is subject to the following conditions:

1. The credit union is not responsible for fees associated with items sent back prior to this order.
2. Items that are not correctly identified by number and/or amount may not be released under this order.
3. This order will permanently release the credit union of all liability for items listed above.
4. **The fee associated with the placement of the original stop order will not be refunded.**

Dated this _____ day of _____, 20____ .

Member Signature: _____

STATE OF UTAH)

County of Salt Lake) ss.

On this ____ day of _____, _____, personally appeared before me

_____, the signer of the above instrument, who duly acknowledged to me

that he/she executed the same.

My commission expires:

_____

_____
NOTARY PUBLIC

Residing at: