



For Credit Union Use Only	
M	_____
A	_____
P	_____

## Stop Payment Request And Indemnity Agreement For Money Orders and Official Checks

**Please Note:** A Stop Payment Fee will be assessed and a stop payment cannot be placed until 90 days after official check or money order issue date.

Account Number: \_\_\_\_\_ Account Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Check ONE:       Official Check       Money Order

Serial Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Issue Date: (mm/dd/yy) \_\_\_\_\_ Payable To: \_\_\_\_\_

Refund Credited To Account Number: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Reason For Stop Payment:  Lost  Stolen  Destroyed    under the following circumstances:

**Member agrees to indemnify and hold the Credit Union harmless from and against any loss, liability, damage, cost or expense (including, without limitation, attorney's fees and court costs) resulting from any claim, demand, action, suit or proceeding brought or made by any party in any way, arising from or related to the item indicated above. Declarer confirms that the stop payment is only for the purpose indicated above and is not due to dissatisfaction with goods or services or for any other reason.**

Form Must Be Notarized

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

THIS AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS, made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between GTE Financial of Tampa, Florida, hereinafter referred to as "Credit Union."

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be duly executed as of the date written above.

Member Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me, or who has produced \_\_\_\_\_ as identification.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

My Commission Number Expires: \_\_\_\_\_

Fax completed form to 813.414.8441 or mail to GTE Financial, Attn: Share Draft, PO Box 172599, Tampa, FL 33672-0599