

Checking Stop Payment Order
Temporary Order for 6 Months



Checking Stop Payment Order
A Stop Payment Fee Will Be Charged to the Checking Account

Account Number _____

Account Owner _____

Address _____
Street City State Zip

Daytime Phone _____ Home Phone _____

Select Request Type (Only One Request per Form)

Individual Stop Payment

Payable To _____ Check Number _____

Date of Check _____ Amount of Check \$ _____

Consecutive Stop Payment

Beginning Check Number _____ through Ending Check Number _____

1. Item Description: I request GTE Federal Credit Union DBA GTE Financial stop payment on the check(s) described above. I warrant that the item's description, including the date, its amount, the item number(s), and payee are correct, where applicable. I understand that the correct information on the item(s) is necessary for the Credit Union to identify the item. If I give the Credit Union the incorrect check number(s) or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item(s).

2. Stop Payment Order: I agree that GTE Financial will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union within a reasonable time for the Credit Union to act on my order prior to final payment or similar action. I understand that my Stop Payment Order is conditional and subject to the Credit Union's verification that the item(s) has not already been paid or that some other action to pay the item(s) has not been taken. I understand that my Stop Payment Order will be effective as follows: **A written Stop Payment Order will be effective for six (6) months** and may be renewed in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item that replaces the item(s) subject to this order or upon return of the original item(s). I agree to pay the Credit Union a stop payment fee for each request as set forth above.

3. Indemnification: I agree to indemnify and hold GTE Financial harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item(s) as a result of incorrect information provided by me.

This form must be signed and returned to GTE Financial for the Stop Payment Order to be effective. **TO CANCEL THIS STOP PAYMENT, YOU MUST CONTACT THE CREDIT UNION FOR A CANCELLATION FORM, WHICH ALSO REQUIRES YOUR SIGNATURE.**

Account Owner Signature _____ Date/Time Requested _____

Printed Employee Name _____ Email Address _____

Employee Signature _____ Date/Time Received _____ CFC# _____

Fax to: 813.414.8441, Attn: Member Account Services or Mail to: GTE Financial, P.O. Box 172599, Tampa, FL 33672

