



Stop Payment Order Cancellation

This form is to CANCEL a prior Stop Payment Order placed on account.

Account Number _____

Account Owner _____

Address _____
Street City State Zip

Daytime Phone _____ Home Phone _____

Individual Stop Payment

Payable To _____ Check Number _____

Date of Draft _____ Amount of Check \$ _____

Consecutive Stop Payment

Beginning Check Number _____ through Ending Check Number _____

- Item Description:** I request GTE Federal Credit Union DBA GTE Financial cancel the stop payment order on the check(s) listed above. I warrant that the item's description, including the date, its amount, the item number(s), and payee are correct. I understand that the correct information on the item(s) is necessary for the Credit Union to identify the item(s). If I give incorrect information, the Credit Union will not be responsible for failing to cancel stop payment order on the item(s).
- Stop Payment Order:** I agree that GTE Financial will not be responsible for cancelling the stop payment order unless my Stop Payment Order Cancellation is received by the Credit Union within a reasonable time to act on my order. I understand that my Stop Payment Order Cancellation is conditional and subject to the Credit Union's verification of the original Stop Payment Order. I understand my Stop Payment Order Cancellation supersedes all prior Stop Payment Orders and Cancellations. A new Stop Payment Order must be completed for any future stop payment requests, including stop payment of the above item(s) and assessment of applicable fees.
- 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 payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to cancel stop payment of an item as a result of incorrect information provided by me.

This form must be signed and returned to GTE Financial for the Stop Payment Order Cancellation to be effective.

Account Owner Signature _____ Date/Time Requested _____

Credit Union Name _____ Date/Time Requested _____

Printed Employee Name _____ Email Address _____

CFC Number _____

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

