



ORDER TO STOP PAYMENT ON MEMBER'S CHECK

In this "Order To Stop Payment," the words "I," "Me," "My," and "Mine" mean those members who sign below and the words "You," "Your," and "Yours" mean L.A. FINANCIAL FEDERAL CREDIT UNION. I understand that this Order to Stop Payment shall not apply to any share draft or check certified by you on my behalf or any teller's check or cashier's check issued by you on my behalf or any credit union share draft or check or other item issued by you on my behalf. In those cases, I must use your "Declaration of Loss & Claim For Reimbursement - Cashier's, Teller's Check."

I _____ hereby direct you to attempt to stop payment of the check drawn on my account and made payable to _____ . Date of Item: _____ Amount: \$ _____

Checking Account No.: _____ Check No.: _____ Range: Low _____ High _____

The reason for stopping payment is: _____ .

Daytime Phone Number: _____

I understand that I must supply you with exact information regarding the amount, the number, the account number, the payee and the date of issuance of the check. If I do not supply you with complete and accurate details regarding the check, I understand that this Order to Stop Payment may not be effective. I agree that you shall not be liable for payment of a check in the event the information I provide on this form is in any manner not complete or accurate.

I understand that if you or your bank has obligated itself to pay the item, pursuant to California Commercial Code, Section 4303, or a third person (including another branch of the Credit Union) becomes a holder in due course of the check, that you may not be able to stop payment on it. I also understand that if you or I have guaranteed payment of the item, that you will not be able to stop payment on it.

I agree to indemnify you against any and all liability, loss, costs, damages, attorneys' fees and other expenses, including, but not limited to, any amount you are obligated to pay on the item, which you may sustain or incur in consequence of honoring this Order to Stop Payment.

If you are unable to stop payment, I agree that you shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from you on account thereof, and my remedy shall be to prove and recover only such actual damages as may be occasioned to me in connection with the payment of the item.

I understand that, to be effective, my Order to Stop Payment must be timely so that you have reasonable opportunity to act upon the order. You may, but are not obligated to, receive a stop payment orally. In that event, the order shall be valid for only 14 days thereafter unless confirmed in writing.

I further understand that this Order to Stop Payment expires and is of no further effect six (6) months from the date hereof, unless renewed in writing within the period during which this Order to Stop Payment is effective.

I understand that if I am attempting to stop payment on a line of credit check that this Order to Stop Payment is subject to the applicable terms and conditions of the line of credit loan agreement.

I understand I must notify you if and when the reason for the stop payment ceases to exist.

I acknowledge receipt of a copy of this Order to Stop Payment and accept and agree to the terms hereof.

Member's Signature (1): _____ Date: _____

Member's Signature (2): _____ Date: _____

ORDER TO CANCEL 'STOP PAYMENT ORDER'
The above stop payment is hereby canceled.

Member's Signature (1): _____ Date: _____

Member's Signature (2): _____ Date: _____

- For Credit Union Use Only -

Date Order Taken: _____ Time: _____ a.m./p.m. Charge: \$ _____ Charge Collected: _____ Initial

Date Canceled: _____ Time: _____ a.m./p.m.