

Official Check Stop Payment Indemnity Agreement

Payable to the Order of:

Address Mailed to:

Address

City

State

Zip

Member Account #:

Check #:

Check Amount:

Date Issued:

Reason for Stop or
Void Check:

☐

Lost

☐

Stolen

☐

Damaged

I HEREBY CERTIFY THAT I AM THE (PLEASE CHOOSE ONE OF THE FOLLOWING) _____REMITTER _____PAYEE OF THE ABOVE REFERENCED OFFICIAL CHECK. I hereby declare that I have lost possession of the above referenced check, and that this loss of possession was not the result of a transfer by me or lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is the wrongful possession of an unknown person or a person who cannot be found or is not amendable to service of process. Based upon the foregoing, I hereby request payment in the amount of the check to be as follows:

SkyOne Account # _____(must be the original account from which check was purchased)

Re-Issue a replacement check to same payee set forth above

General Ledger # _____(for Credit Union use only)

I acknowledge and understand that if I submit a stop payment order I will not receive reimbursement for the listed check until the later of ninety (90) days after the date the item was issued or the date of the stop payment order.

I understand that there will be a fee for processing related to this request. (REFER TO THE CURRENT SCHEDULE OF SERVICE CHARGES) I understand and agree that this Official Check Stop Payment Indemnity Agreement ("Agreement") has no legal effect and is not enforceable by me against the Credit Union until the later of a) the time this Declaration & Claim is delivered to the Credit Union; or by the 90th day following the date of the check. I understand that the SkyOne Federal Credit Union dba Greenwell Financial may, however, in its sole and absolute discretion, process my stop payment request sooner.

Until this Agreement becomes enforceable, I understand and agree that the Credit Union may pay or authorize the payment of the check and that any such payment to a person entitled to enforce the check discharges the Credit Union from all liability with respect to the check. Under no circumstances will this claim become effective until the Credit Union has had a reasonable time to act on it. I agree to notify the Credit Union if and when the reason for this stop payment ceases to exist. If this Agreement becomes enforceable, I understand and agree that the Credit Union will pay the amount of the check to me, subject to the claims of any holder in due course and provisions of the Uniform Commercial Code, and that any such payment discharges the Credit Union from all liability with respect to the check. If payment is made to me and the Credit Union must make subsequent payment on the check to a holder in due course, I agree to promptly refund the payment made to me. I agree to indemnify and hold the Credit Union harmless from and against any and all claims, damages, losses, liabilities, expenses, and fees (including reasonable attorneys' fees) arising out of or relating to the Credit Union's attempt to, or stopping payment on, the check.

I declare under penalty of perjury that the foregoing is true and correct. I acknowledge receipt of a copy of this Agreement and accept and agree to the terms hereof.

Member Signature

Date

For Credit Union Use Only

Received by (Employee Name, User ID, Branch/Dept #) _____

Stop Payment Placed On _____ Date _____