



STOP PAYMENT FOR PENFED OFFICIAL CHECK

Section I: Request

Member's Name: _____ Account Number: _____

Phone Number: _____ Member Number: _____

Check Data: Check No. _____
Date of Check _____
Amount _____
Payee _____

Reason for Stop Payment: Lost Stolen Destroyed/Damaged

Action to be taken with funds after stop payment is complete (select one):

- Deposit to account no. _____
- Reissue Check
- Other (please explain): _____

Section II: Confirmation/Declaration of Loss

I, the undersigned, hereby declare under penalty of perjury (i) I am the person who requested or the payee of the PenFed official check described above, (ii) I have lost possession of the check, (iii) the loss of possession was not the result of a transfer by me of the check or a lawful seizure of the check, and (iv) I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not available to service or process.

I hereby direct PenFed Credit Union to stop payment on the check bearing the information noted above. I understand the information provided in this document regarding the instrument must be accurate. I further understand any incorrect information may cause the instrument to be paid, despite the stop-payment order. I agree to indemnify and hold PenFed harmless for all damages and costs to which PenFed may be subjected by reason of its refusal to honor the instrument described. PenFed is to use every reasonable effort to stop payment on the instrument. However, if payment occurs inadvertently or accidentally, or, if by reason of payment contrary to the stop-payment order, PENFED SHALL NOT BE LIABLE. I understand if PenFed pays the amount of the check to a holder in due course, I must refund the amount of the payment to PenFed if the check is paid or pay the amount of the check to the holder in due course if the check is dishonored.

I have read and understand the terms of this stop-payment order and agree to notify PenFed if the instrument described is located, canceled or destroyed.

By signing this document, I acknowledge I will be charged the \$20.00 stop payment fee.

X

Signature

Date

OFFICE USE ONLY - Section III: Bank Reconciliation (to be completed by PenFed)

Date Stop Payment Completed: _____ Fee Charged: Yes No

Unable to Process Stop payment. Reason _____

Employee Name _____ Ext.: _____

Manager's Approval: _____