



Stop Payment Form – Share Draft

A fee of \$_____ will be charged to your checking account

Members First and Last Name

Today's Date

Account Number

Phone Number

Share Draft Number(s) – Single Share Draft

Date of Draft	Draft Number	Payable To	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Share Draft Number(s) – Range

_____ to _____
Beginning Number Ending Number

Reason for Stop Payment

The member agrees to hold the credit union harmless from liability, costs and expenses arising from the credit union's refusal to pay an item as to which the member has given a stop payment order. The credit union agrees to exercise ordinary care in endeavoring to comply with a stop payment order, but if through inadvertence, oversight, accident or otherwise the credit union pays the item contrary to a stop payment order, the member and the credit union agree that the credit union shall be immediately entitled to charge the member's account for the amount thus paid and such charge shall stand regardless of whether the member is entitled to recover from the credit union on account thereof, and the member's sole remedy shall be to prove and recover only such actual money damages as may be occasioned to the member solely on account of only such item. THIS STOP PAYMENT SHALL BE EFFECTIVE FOR SIX MONTHS FROM THE DATE OF ORDER SHOWN HEREON.

A verbal stop payment orders will cease to be binding after 14 calendar days unless written confirmation is provided to the credit union by the member within that 14 day period.

Member's Signature

Please review the information above for accuracy, then sign. You may fax the signed form to (336) 832-8129, mail it to HealthShare Credit Union 1200 North Elm Street, Greensboro, NC 27401, or stop by any branch location. The credit union must have this form hand delivered, mailed or faxed before your request can be processed. If this request is sent by fax, it is your responsibility to contact the credit union to verify the request was received and processed.