



STOP PAYMENT ORDER

I hereby authorize Toyota FCU to stop payment on the check or preauthorized transfer described below, unless already paid, certified, or accepted. I understand that this request will cease to be effective six months from the date shown below, but lapses after 14 calendar days if the original order was oral and was not confirmed in writing within that 14-day period. Toyota FCU will not be liable for payment of the check or preauthorized transfer contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to me. I agree to reimburse the credit union for any loss it sustains in honoring this request.

Member Name _____

Account Number _____

CHECK INFORMATION

Date of Check _____ Check Number _____

Payable to _____ Amount of Check _____

I authorize the above stop payment order. A fee of \$25.00 for this service will be charged and the fee amount will be withdrawn from my Fast Track Checking account at the time order is placed.

Signature _____ Date _____

This section reserved for credit union use only:

Debit the member's account for the amount of the stop payment fee and credit GL#132230. The GL entry must include a comment reflecting the member's name, account number, and "Stop Payment Order."

Transaction by: _____ Date: _____

Entry of data to Symitar system by: _____