



STOP PAYMENT REQUEST AND INDEMNITY AGREEMENT

*indicate a required field

Form must contain all information, your signature and date for request to be processed. If you have any question, please contact Member Services at 202.623.3363. REQUEST WILL NOT BE PROCESSED UNTIL NOTARIZED.

Please stop payment on the following check and credit my account for the purchase amount:

*FULL NAME _____ *ACCOUNT NUMBER _____
*ADDRESS _____ *CITY/STATE or PROVINCE _____
*CHECK NUMBER _____ *DATE OF CHECK _____
*AMOUNT OF CHECK _____ *PAYABLE TO _____

Member hereby represents that:

- 1. The check specified above was purchased from the IDB-IIC Federal Credit Union.
- 2. The check has been lost, stolen or destroyed and has not been negotiated for value.

In consideration of Credit Union refunding the purchase price of this check, Member agrees to indemnify, defend and hold harmless the Credit Union from and against any and all loss, liability, claims demands, suits, and expenses which result from complying with this stop payment request. Member also agrees to reimburse the Credit Union for the amount of the check to the Credit Union if found or presented for clearing.

This agreement shall be binding upon the Member's successors, heirs, representatives and assigns, and shall inure to the benefit of the Credit Union and its successors and assigns.

*I authorize IDB-IIC Federal Credit Union to process this stop payment and apply the service fee, which will be charged to my checking account. For fees, please refer to the schedule of fees.

*SIGNATURE (Please enter Full Name) _____
*DATE _____
*Sworn and subscribed to before me this _____ day of _____
*NOTARY PUBLIC _____

INTERNAL
STOP PAYMENT VERIFICATION _____
STOP PAYMENT ACCEPTED BY _____ APPROVED BY _____