



Stop Check Payment Disclosure

I am requesting that TFCU stop payment on the item described and checked above. I understand that check stop payments request will cease to be effective six (6) months from the date of this order, unless previously cancelled or renewed in writing by either account holder. By directing TFCU to stop payment of this item, I agree to hold TFCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney fees that are incurred as result of TFCU having acted on this Stop Payment Request. Furthermore, I understand that this Stop Payment Request must be received in time to give TFCU reasonable time to act on it. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs and damages incurred by payment of the item(s) if such payment is the result of failure of the account holder to meet the time requirements noted, or if such payments is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.