



Stop Payment Form - Share Draft Range

(Today's Date)

(Member's First and Last Name)

(Member Number)

(Social Security Number)

(E-Mail Address)

Share Draft Number(s)

_____ to _____
(Beginning Number) (Ending Number)

Reason for Stop Payment

I agree that my account will be debited for this service.

The member agrees to hold the Drawee harmless from liability, costs and expenses arising from the Drawee's refusal to pay an item as to which the member has given a stop payment order. The drawee agrees to exercise ordinary care in endeavoring to comply with a stop payment order, but if through inadvertence, oversight, accident or otherwise the Drawee pays the item contrary to a stop payment order, the member and the Drawee agree that the Drawee 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 Drawee 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 DATE OF ORDER SHOWN HEREON.

X _____
(Authorized Signature)

Please review the information above for accuracy, then sign. You may fax the signed form to 336.379.3506, mail it to Premier Federal Credit Union at PO Box 26590, Greensboro, NC 27415-6590, 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, an employee of the credit union may contact you to verify the information before making any changes to your account.