



**ACH Withdrawal
Permanent Stop Payment Request**

Account Number*:

Member Name*:

Date of next scheduled withdrawal*:

Stop Payment Type*:

Specific Amount: \$

All amounts from this company

Company Name*:

Stop payment fee \$ 28.00

Fee to be charged to*: Savings Checking

I request Summit Credit Union to stop payment on the Withdrawal described above, unless it has already been paid or accepted. I understand that this request is in effect under the following terms:

Indemnification

I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage, or claims related to the credit union's action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me. SCU will not be liable for payment of the Withdrawal contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the Withdrawal. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. This notice provides written confirmation of your stop payment request.

Member Signature

Date