

**SHARE DRAFT STOP PAYMENT ORDER**

**VALID FOR 6 MONTHS FROM RECEIPT OF ORDER UNLESS RENEWED IN WRITING**

Account No:	Amount of Draft:	Date of Draft:	Draft No:	Date Received and Received By:
Payee:		Name Which Account Is Under:		
Reason for Stop Payment:				

**STOP PAYMENT TERMS AND CONDITIONS**

On the terms hereinafter set out, the undersigned depositor hereby instructs the Synergy Federal Credit Union (hereinafter styled "the Credit Union") not to pay the above described draft:

1. This Stop Payment Order and any renewals thereof shall be effective for only six months after receipt by the Credit Union. During any such period the Credit union shall exercise reasonable diligence not to pay the draft. After the aforesaid time, the Credit Union shall no longer exercise diligence or be liable for payment of such draft under any circumstances, and the Credit Union may remove depositor's instructions and all renewals, if any, from its files, and destroy them. Even though the Credit Union would not be liable for payment of the draft after expiration of any such period, the Credit Union shall, nevertheless be fully protected in refusing to pay it.
2. Should the Credit Union ever incur liability to the depositor for payment contrary to stop payment instructions, the amount of such liability shall not exceed the amount paid on the draft.
3. If a replacement draft is issued, a new date and number shall be used.
4. The depositor's instructions may be withdrawn at any time. Renewals and withdrawals shall be in writing, signed by the undersigned depositor and delivered to the Credit Union.
5. A charge of \$25.00 must be paid for establishing or removing the stop payment order.
6. By directing the Credit Union to stop payment on a draft, the depositor agrees to indemnify and hold the Credit Union harmless against and from any and all loss, claims, damage, and costs, including court costs and reasonable attorney's fees, that the Credit Union may suffer or incur by reason of not paying said draft if presented prior to withdrawal of these instructions or any renewal thereof.

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature