

SOUTHWEST AIRLINES FEDERAL CREDIT UNION

STOP PAYMENT ORDER

(Please type or print clearly.)

MEMBER'S NAME _____

JOINT OWNER(S) _____

ACCT.# _____

* *I understand that this Stop Payment Order will not be processed unless SOUTHWEST AIRLINES FEDERAL CREDIT UNION receives it by 10:00 a.m. on the first banking day following the banking day on which it receives any item(s) listed herein. I further understand that a stop payment of a preauthorized electronic fund transfer (hereinafter referred to as an "order") cannot be processed unless the Credit Union receives a request at least three business days before the scheduled date of the transfer.

Draft/Check # EFT/ACH	Payee	Amount	Drawn By	Date

1. You are directed to stop payment on the item(s) or order(s) described above (and on the attached sheets, if applicable) drawn or ordered upon the above-described account. I understand that I may remain liable to any item holder, including SOUTHWEST AIRLINES FEDERAL CREDIT UNION ("Credit Union"), notwithstanding this Stop Payment Order.
2. I certify that I am the owner of the account or am otherwise authorized to draw checks upon, make withdrawals or stop payment on the account.
3. I agree to indemnify the Credit Union upon demand and hold it harmless for all costs, including attorney's fees, damages or claims related to the Credit Union's refusing payment of an item or an order. I also agree to indemnify the Credit Union upon demand and hold it harmless for the claims of any joint owner, payee or endorser in failing to stop payment of an item or an order as a result of incorrect information provided by me.
4. I agree that a stop payment order, a renewal of any such order, or a revocation of any such order shall not be effective with respect to an item unless it is delivered to the Credit Union in writing during the Credit Union's regular business hours. I understand that any person authorized to draw on the account may stop payment of an item or an order, or renew or revoke any such stop payment, if the item or order has not already been paid or cashed by the Credit Union. A stop payment order or a renewal or revocation thereof shall not be effective until the Credit Union has received it and has had a reasonable opportunity to act on any such order, renewal or revocation. Further, a stop payment order shall not be effective unless I describe with certainty the item or order to be stopped. I understand that I must provide the exact number, date, payee, and amount of the item or the order, and any other information that the Credit Union may reasonably require, for the Credit Union's computer to identify the item or the order. If I give the Credit Union incorrect or incomplete information, the Credit Union will not be responsible for failing to stop payment of the item or the order.
5. I understand that a stop payment order will remain in effect for a period of not more than **SIX MONTHS** from the date of the written request unless renewed in writing by any person authorized to draw on the account prior to the expiration of the request. The Credit Union does not have to notify me when a stop payment order expires. Any person authorized to draw on the account may release or cancel a stop payment order by delivering a written request for such release or cancellation to the Credit Union.
6. If the Credit Union pays an item or an order over a valid and timely stop payment order, I agree that the Credit Union shall be responsible only to the extent that I establish that I have incurred actual damages and only to the extent that the Credit Union failed to act in good faith or exercise ordinary care. I further agree that the Credit Union will never be liable for more than the amount of an item or an order upon which payment is to be stopped and that the Credit Union will not be liable for any consequential damages. If the Credit Union credits my account after paying an item or an order over a valid and timely stop payment order, I agree to sign a statement describing the dispute with the payee, to transfer to the Credit Union all of my rights against the payee or other holders of an item and to assist the Credit Union in any legal action.
7. I understand that there will be a charge as set forth on the Rate and Fee Schedule for processing a stop payment order and any subsequent renewal or revocation thereof.
8. I agree to promptly notify the Credit Union in writing if any item described above is recovered or destroyed or if this Order is canceled in any respect.
9. I understand that I may not stop payment on any certified check, cashier's check, teller's check, or any other check, draft or payment guaranteed by the Credit Union.
10. I certify that the information contained in this Order is correct and complete.

Member's Signature _____

PRINT Name _____ Phone _____

First Middle Last

Street _____ City _____ State _____ Zip Code _____

CREDIT UNION USE ONLY

Employee's Signature _____ Type of I.D. _____

Date _____ Time _____ of Initial Request

Date _____ Time _____ Renewal Request (Expires in 6 months) Service fee \$ _____