



CORPORATE CHECK STOP PAYMENT

Name: _____ Member Number: _____
Check Number: _____ Date Issued: _____ Amount: _____
Payee: _____

The undersigned instructs Sacramento Credit Union (SCU) to place a stop payment on the above-described check as it was: (please select one)

- LOST
- STOLEN

If SCU (at its sole discretion) determines that the above-described check has already been paid, the payment will be honored and this stop payment request denied. I also agree to notify SCU in writing if I wish to release this stop payment. I understand that my account will then be charged the amount that was previously refunded. I understand there is a charge for all stop payments (see Fee Disclosure for current rate). I understand there is a waiting period of five business days (Monday through Friday, excluding holidays) before this request will be processed.

In compliance with California law, a written stop payment is required and will be effective for six months. I understand that at the end of the six month period, I need to sign a new request if I wish this stop payment request continued for an additional six months.

I agree to indemnify and hold SCU harmless from all liability, damages and expenses incurred on account of refusing payment of said check. Additionally, I agree to indemnify and hold SCU harmless from all liability, damages and expenses if the above-described check is determined to have been paid prior to the receipt of this stop payment request.

Please select one of the following:

- Issue a replacement check
 - Pick up at _____ (Branch name)
 - Mail to Member (address on file)
- Refund to account
 - Payee is the member
 - Payee is NOT the member: Affidavit of Missing Check required
I understand that SCU will be unable to place a stop payment on this item until the affidavit is properly completed by the payee, notarized by a Notary Public, and returned to SCU.

Signature: _____ Date: _____

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-449-2785, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351



AFFIDAVIT OF MISSING CHECK

Written request has been made to stop payment on the check listed below. An affidavit must be completed by each payee and signed in front of a Notary Public before a stop payment will be considered and the funds refunded back to the member requesting the stop payment.

1. On _____ (date), Sacramento Credit Union issued check number _____ payable to _____ in the amount of \$ _____ on behalf of _____ (member's name).
2. On or about _____ (date), I discovered the check lost or stolen.
3. I certify that I am the payee of the check.
4. The item was not properly endorsed by all parties at the time of loss / theft.
5. The loss was not the result of a transfer by me or lawful seizure.
6. If found, I will not present the check for payment or deposit at a future date, and will void the check and return it to Sacramento Credit Union.
7. I agree to indemnify and hold Sacramento Credit Union harmless for any loss or damages resulting from failure to pay the check.
8. I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Payee's signature: _____ Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____

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