



REQUEST FOR SIGNATURE ON STOP PAYMENT

On _____ you made an oral request to place a stop payment on your account number _____ for draft number(s) _____ which was written on _____ in the amount of _____ and payable to _____.

Please verify the above information to insure the stop payment will be effective and notify the credit union immediately if any of the information is incorrect.

New Mexico law provides that an oral stop payment order is binding upon the credit union for only (14) fourteen days and unless confirmed in writing, the request will be deleted from our records.

The law requires that the actual signer of the draft on a joint account must confirm or release the stop payment request.

A stop payment is not valid if the item is presented to the credit union for payment the same day as the request.

I hereby confirm the stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six (6) months from the date of the request, unless it is previously cancelled or renewed in writing by me. The credit union will not be liable for payment of the draft 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 draft. I agree to reimburse the credit union for any loss it sustains in honoring this request.

Signature (Confirmation)

Date

If for any reason you wish to **CANCEL** this **STOP PAYMENT REQUEST**, please sign for the release.

Signature (release)

Date