

PIEDMONT PLUS CREDIT UNION
2727 Paces Ferry Rd. Bldg. #2, Suite 370
Atlanta, GA 30339

**STOP PAYMENT REQUEST
SHARE DRAFTS**

Member's Name (s): _____

Account Number: _____

The undersigned Member(s) hereby request(s) that Piedmont Plus Credit Union not pay

Check Number _____ issued in the amount of \$ _____,

and payable to _____, dated _____.

The Member(s) request this stop payment for the following reason(s): _____

_____.

In requesting Piedmont Plus Credit Union to stop payment on this item, the undersigned Member(s) agree(s) to hold the Credit Union harmless for all expenses, costs and damages the Credit Union incurs as a result of refusing payment, and further agrees not to hold the Credit Union liable for payment contrary to these instructions. The under-signed Member(s) agree(s) that expenses and costs shall include any legal expenses and attorney's fees the Credit Union incurs as a result of the Stop Payment Order. Member(s) shall pay Credit Union such costs, expenses or damages within ten (10) days from the date demand is made for payment. Further, the Member(s) reaffirm the terms and conditions set forth in the Membership Account Agreement, which is incorporated herein by reference.

Member's Signature

Member's Signature

Date

Date

ACCEPTED BY PIEDMONT PLUS CREDIT UNION

By: _____

Date: _____

A Stop Payment fee will be charged in the amount posted on our FEE SCHEDULE.

IF THE CHECK WAS LOST, STOLEN OR DESTROYED THE ATTACHED AFFIDAVIT IS PROVIDED BY THE MEMBER(S) AND IS INCORPORATED HEREIN BY REFERENCE.