

**Tri County Area Federal Credit Union
Corporate Check Stop Payment Indemnity Agreement**

I hereby authorize *Tri County Area Federal Credit Union* to place a stop payment on a Corporate Check issued from your Tri County Area Federal Credit Union account.

Member Information:

Account Number _____

Name on Account _____

Contact Phone Number _____ Contact Phone Number _____

Corporate Check Information:

Date of Check _____ Check Number _____ Amount _____

Payable To _____

Reason for Stop (circle one) Lost Stolen Destroyed

Indemnity Agreement Regarding a Lost, Stolen, or Destroyed Check:

I understand that Tri County Area Federal Credit Union cannot process a stop payment on a Corporate Check that is not lost, stolen or destroyed.

I understand that Tri County Area Federal Credit Union has the right to require a 90-day waiting period according to the Uniform Commercial Code Section 3-312 before the Corporate Check will be reissued. In the event that the above Corporate Check is presented for payment during the 90-day waiting period, Tri County Area Federal Credit Union is obligated to pay the Corporate Check. If this occurs, I agree to reimburse Tri County Area Federal Credit Union for this amount and I understand the amount of the Corporate Check will be withdrawn from my account. I also agree to reimburse Tri County Area Federal Credit Union for all expenses and costs incurred as a result of not honoring the Corporate Check.

Signature _____ Date _____

Teller Number _____ Teller Initials _____