



Hawaiian Financial
Federal Credit Union

STOP PAYMENT AUTHORIZATION

Member Name		Account No.	Telephone No.	Date Accepted
Payable to			Draft No.	Amount of Draft
Reason for Stop Payment			Draft Dated	Time Stopped
Expiration Date	Taken by	Approved by	Amount of Charge	

DEFINITIONS USED IN THIS ORDER

YOU, YOUR, YOURS means the customer, the Share Draft account holder and owner.

HAWAIIAN FINANCIAL FCU, THE CREDIT UNION, WE, OUR, OURS, US means Hawaiian Financial FCU, 1138 North King Street, Honolulu, Hawaii, 96817.

STOP PAYMENT ORDER means that the Share Draft owner asks Hawaiian Financial FCU to refuse to pay the draft that the account owner wrote but now does not want to pay.

STOP PAYMENT ORDER You are asking us and giving us permission to stop payment on the draft described above, unless you have already paid, certified or accepted it.

TIME LIMIT If you make an oral stop payment request, it is good for only fourteen (14) calendar days. After fourteen (14) days the Hawaiian Financial FCU may pay the check. If you wish to stop payment on this check for more than fourteen (14) days, you must sign this written stop payment order. A written stop payment order which is signed by you is not effective after six (6) months. If you want to extend the stop payment beyond the six (6) months deadline, you will have to sign another stop payment authorization at the end of six (6) months.

I WILL NOT HOLD THE CREDIT UNION RESPONSIBLE Hawaiian Financial FCU is not responsible if this check has been paid or accepted TODAY. You will repay the credit union for any expenses or costs charged to us because you have asked the credit union to stop payment on this check. You will not hold us responsible or liable because of an accident, oversight or inadvertence.

WE ARE NOT RESPONSIBLE IF THIS DRAFT HAS BEEN PAID OR ACCEPTED TODAY.

Signature of Credit Union Employee

Date

Signature of Member

Date