



# Corporate Check Stop Payment Indemnity Agreement

Authorizes Police Federal Credit Union to stop a Corporate Check (PPD) payment issued from your Police FCU account.

- 1 Complete sections 1 and 2 of this form.
- 2 Read the authorization in section 3 and sign where indicated.
- 3 Fax the completed and signed form to Police Federal Credit Union: 301-817-1231.

## 1. Account Information

My Police FCU Account

Account Number	Account Name	Phone Number
Address		

## 2. Corporate Check Information

Date of Check	Check #	Amount	
Payable To			
Reason for Stop Payment	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed
The undersigned requests Police Federal Credit Union to:			
<input type="checkbox"/> Issue a replacement check			
<input type="checkbox"/> Issue a refund for the amount of the check to the account shown above.			

## 3. Your Signature

Under penalty of perjury I am attesting to the fact that (1) I am the remitter of the above corporate check; (2) I have lost possession of the check; (3) the loss was not the result of a transfer of lawful seizure; and (4) I cannot reasonably regain possession because the instrument was destroyed, its location cannot be discovered, or it is in the wrongful possession of an unknown person who cannot be found or served.

In the event that the above check has been properly presented to a third party, the undersigned authorizes, Police Federal Credit Union, to recover the funds from any account that the undersigned may have at Police FCU, or in the event of insufficient funds or absence of accounts, agrees to immediately repay Police FCU amounts owing for the above reissued check.

The undersigned agrees to indemnify, defend and hold Police Federal Credit Union harmless against all costs, including attorney's fees, actions, damages or claims related to or arising from your action in refusing payment of the corporate check including claims of any joint depositor, payee or endorsee or in failing to stop payment of the corporate check as a result of incorrect information provided by me. **The undersigned also understands that a \$20.00 fee will be charged to the member's account.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CREDIT UNION USE ONLY

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_