

**STOP PAYMENT REQUEST FORM/INDEMNIFICATION AND  
HOLD HARMLESS AGREEMENT**

<i>Internal Use Only:</i> Initials _____ Date _____ Time _____
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I/We, the undersigned, hereby request the Healthcare Employees Federal Credit Union, 29 Emmons Drive, Suite C40, Princeton, NJ 08543-0001, to stop payment on the credit union check or our certified sharedraft (instrument) listed below. I/We acknowledge and agree that the credit union is under no obligation to honor this stop payment request and is only doing so as a result of this indemnification and Hold Harmless Agreement and the representations contained herein. I/We further acknowledge that the credit union may be subject to claims by stopping payment on the instrument listed below.

I/We agree to reimburse the credit union for all damages, costs and expenses including attorneys fees which it may be subjected to by reason of its compliance with my/our stop payment request concerning the instrument below; and further agree to indemnify and hold harmless the credit union from any and all liability as a result of the credit union's compliance with this stop payment order.

I/We pledge the sum of money set forth below, which will be frozen in my/our account at the credit union. These funds may be used by the credit union, to pay any claim or demand which is made against the credit union as a result of its having acted in accordance with this stop payment order. In the event this amount is insufficient, I further agree to immediately pay, upon written demand by the credit union any additional amount necessary to reimburse the credit union for any reasonable costs, expenses, or attorneys fees that it may incur in defending itself against any claims or demands made against it as a result of the credit union acting in accordance with this stop payment request.

I/We understand that the holder of the instrument listed below may properly require the credit union to pay the instrument even though a stop payment order has been placed against the instrument. I acknowledge and agree that the credit union, in its sole discretion, may subsequently choose to pay the instrument despite the fact that a stop payment order was initially made by the credit union. In the event the credit union, in its sole discretion, subsequently agrees to pay the holder of the instrument, I/we will have no further claim against the credit union because of such payment; however, the terms and provisions of this indemnification and Hold Harmless Agreement will remain in effect and I agree to immediately reimburse the credit union for any additional damages, costs and expenses, including attorneys fees, which the credit union may incur by reason of its initial compliance with this stop payment request.

Instrument # \_\_\_\_\_

Please stop payment of the following credit union check/certified sharedraft.

Amount: \$ \_\_\_\_\_ Number: \_\_\_\_\_

Dated: \_\_\_\_\_ Reissue Check (circle one) Yes or No

Payable to the order of: \_\_\_\_\_

For the following reason:       **LOST OR STOLEN**      

I/We pledge as security for this Agreement the following sum of \$ \_\_\_\_\_ in my/our credit union account number \_\_\_\_\_, which funds will be held by the credit union as security for this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: If a stop payment is placed within 10 business days of issue date, there will be a \$10.00 fee assessed to your account.**

***You can fax this form to: (609) 275-4194***