

## Corporate Check Stop Payment Indemnity Agreement

| Payable to the Order of                           | :  |   |  |                                   |  |   |
|---|--|---|--|-----------------------------------|--|---|
| Address Mailed to:                                |  |   |  |                                   |  |   |
|   | Address  |   |  | City                              |  | State Zip                                 |
| Member Account #:                                 |  |   |  |                                   |  |   |
| Check #:  |  |   | Check Amount:  |                                   | Date Issued:   |   |
| Reason for Stop or Void Check:                    | Lost   | Stolen  | ☐ Damaged  | Other:                            |  |   |
| Will Check be Reissued                            | ?  | No SkyOne po  | licy is to wait a full 24 hou  | rs before issuing a               | ny replacement checks in orde  | er to guarantee funds availabil           |
| Whereas, the undersign destroyed, stolen, or oth  |  | _   |  | never received                    | or, if received, has beco  | me lost, misplaced,                       |
| Now, therefore, in consi instrument in like amour |  |   |  |                                   | One Federal Credit Union<br>ees:   | of a negotiable                           |
| That if the missing ins Credit Union.             | strument shall                                   | come into the po  | ossession of the unde  | ersigned, it shal                 | be promptly returned to  | SkyOne Federal                            |
| shall indemnify SkyOr<br>and liability, damage,   | ne Federal Cr<br>cost and exp<br>theft of the sa | edit Union and fo<br>bense, including r<br>aid instrument fro | orever save SkyOne F<br>reasonable attorney's<br>m the undersigned o | ederal Credit U<br>fees, suffered | undersigned's possessio<br>nion free and harmless fr<br>or incurred by SkyOne Fe<br>lacement, destruction or u | om any and all loss<br>deral Credit Union |
| Member Signature                                  |  |   |  |                                   | <br>Date   |   |
|   |  |   |  |                                   |  |   |
| For Credit Union Use                              | Only   |   |  |                                   |  |   |
| Stop Payment Placed On                            |  |   |  | Date                              |  |   |
|   |  |   |  |                                   |  |   |
| P.O. B  | e Federal C<br>Accounting<br>ox 5003             | 9   |  | FAX TO:                           | SkyOne Federal Cr<br>ATTN: Accounting<br>310.491.7419  | edit Union                                |