



**Stop Payment Terms and Conditions**

**1. Item Description.** I request Big Horn Federal to stop payment on the check (either referred to hereinafter as "Item"), Preauthorized Electronic Funds Transfer, or Electronic Draft/Check Conversion transaction as would be described below on a customer completed Stop Payment Authorization (See Form Below). I warrant that the description, including the date or scheduled transfer date, its exact amount, the Item Number, and payee are correct. I understand that the EXACT information is necessary for Big Horn Federal's computer to identify the Item, Transfer, or Conversion Transaction (Check 21). If I give Big Horn Federal the incorrect amount or any other incorrect information, Big Horn Federal will not be responsible for failing to stop payment.

**2. Electronic Draft/Check Conversion Transaction.** I understand that if I authorize the conversion of an Item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. I warrant that the Item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that Big Horn Federal will not stop payment on an Item if it is processed as an Electronic Check Conversion Transaction and I have not indicated that above.

**3. Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer scheduled for the date noted above, under the Date of Item/Transfer section. If I wish to stop additional Preauthorized Electronic Funds Transfers I will submit additional stop payment requests.

**4. Postdated Items.** If this is a Postdated Item Notice, I hereby request Big Horn Federal to Stop Payment on the Item if presented for payment prior to the date of the Item. This Postdated Item Notice is subject to all terms and conditions for Stop Payment Requests.

**5. Stop Payment Requests.** I agree that Big Horn Federal will not be responsible for stopping payment unless my Stop Payment Request is received by Big Horn Federal

- a. Within a reasonable time for Big Horn Federal to act on my request prior to final payment or similar action; or
- b. At least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

I understand that my Stop Payment Request is conditional and subject to Big Horn Federal's verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Request will be effective as follows: for an oral request a period of fourteen (14) days from the date of this request; for a written request, a period of six (6) months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify Big Horn Federal promptly upon the issuance of any duplicate Item which replaces the Item subject to this request or upon return of the original item. I agree to pay Big Horn Federal a stop payment fee of \$10.00 for each request.

**6. Indemnification.** I agree to indemnify and hold Big Horn Federal harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to Big Horn Federal's action in refusing payment of the Item including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

**7.** This Stop Payment Request is subject to the Uniform commercial Code as adopted by the State where Big Horn Federal's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

**8.** I understand that I need to mail a completed Stop Payment Authorization form (this completed, signed document) to the address provided on this document and form; or, visit one of Big Horn Federal's branch offices and complete a Stop Payment Authorization in order to maximize account protection vis-à-vis my desire to stop payment on an item I authorized for payment.

33 North Sixth Street  
Greybull, Wyoming, 82426

**STOP PAYMENT AUTHORIZATION**

Draft Number \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Payee \_\_\_\_\_  
 Reason \_\_\_\_\_ App'd By \_\_\_\_\_

Account Number \_\_\_\_\_  
 Amount of Charge \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
 Duplicate Issued?  Yes  No

This confirmation is our record of your Stop Payment order and represents our understanding of the order. ORAL Stop Payment orders are effective for 14 calendar days only. If you wish to stop payment for a longer period, you must sign a written Stop Payment Order, copy of which is enclosed for your signature. A written Stop Payment Order signed by a depositor will not be effective after 6 MONTHS, but may be renewed in writing. (UCC 4-403)

The undersigned hereby agrees to hold the Institution harmless for all expenses and costs incurred by the Institution on account of refusing payment of said draft and agrees not to hold the Institution liable on account of payment contrary to this request if same occurs through inadvertence, accident or oversight.

If you should recover this draft please instruct us to cancel this order.

\_\_\_\_\_  
Signature of Account Holder

- 1. Customer Confirmation Copy - Sign and Return
- 2. Customer Copy - Retain For Your Records
- 3. Institution Copy - Charge and Posting
- 4. Institution Copy - File