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**Order To Resist Payment and Indemnity Agreement for Lost, Stolen, or Destroyed
Credit Union Teller's Check**

Definitions:

In this document, the terms **I**, **me**, and **my** refer to the person(s) signing below. The terms **you**, **your**, and **yours** refer to **Befit Financial Federal Credit union (BFFCU)**.

This form is to be used exclusively for requesting resistance to payment on a **Credit Union Teller's Check** issued by BFFCU.

You are hereby directed to attempt to resist payment of the item described below:

Payable To: _____ Check Number: _____ Amount: \$ _____

Date of Check: _____ Reason for Stop: ☐ Lost ☐ Stolen ☐ Destroyed

Member Information:

Name: _____ Member Number: _____ Suffix: _____

Address: _____

Phone Number: _____ Email: _____

I confirm that the item has **not been delivered** to any payee. I understand that BFFCU **may not be able to stop payment** on this item.

If the item is paid despite this request, I authorize BFFCU to **debit my account** for the full amount. I agree that my sole remedy will be to recover **actual damages** resulting from that payment, if applicable.

I acknowledge:

- There may be a **90-day waiting period** before a replacement or refund is issued.
- I must **notify BFFCU** immediately if the reason for this request no longer applies.
- This stop payment request will **expire after six (6) months** from the date submitted.
- I have received a copy of this form and accept the terms stated.
- A **signed confirmation** must be received by BFFCU's main office **within seven (7) days**, or this request will be invalid.



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Indemnity Agreement for Credit Union Checks

In consideration of either:

- ☐ Payment of the original check or ☐ Issuance of a replacement check in the amount of
\$ _____ made payable to: _____

We, the undersigned, jointly and severally agree to **indemnify and hold harmless** Befit Financial Federal Credit Union from any and all losses, claims, damages, or expenses—including legal fees—arising from:

- The original check being lost, stolen, or destroyed
- The payment or non-payment of the original check
- Any future presentation of the original check for payment

Should the original check be located, we agree to **promptly return it to BFFCU** for cancellation.

I declare under penalty of perjury that all statements made herein are true and correct.

Signature: _____ Date: _____

☐ **Payee's Agreement & Waiver of 90-Day Waiting Period**

If the payee of the check is someone other than the member requesting this stop payment, the payee may sign below to authorize the immediate recredit of funds to the member's account or issuance of a replacement check. This signed agreement serves as confirmation that the payee waives any claim to the original check and agrees to return it to Befit Financial Federal Credit Union (BFFCU) if it is ever located or presented for payment.

If the member is also the payee, this agreement may be waived, and the funds may be credited to the member's account immediately.

By signing below, I/we as the payee of the item described above:

- Acknowledge and approve this stop payment request.
- Waive any right to payment under the original check.
- Agree to return the original check to BFFCU immediately if located or presented for payment.
- Understand this waiver allows BFFCU to bypass the standard 90-day waiting period and return the funds or issue a replacement immediately.



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Select One:

- ☐ Payee is the account holder on which the check was drawn
- ☐ Payee is not the account holder on which the check was drawn

Payee's Signature: _____ Date: _____

Credited Account #: _____ Reissued Check #: _____ Replacement Date: _____