

**Atlantic Federal Credit Union
37 Market Street
PO Box 618
Kenilworth, NJ 07033
908-245-1750**

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

I/We, the undersigned, hereby request Atlantic Federal Credit Union to stop payment on the following credit union check:

Check No. _____ Date of Check: _____

Amount of Check: _____ Reason _____

Check Payee Name and Address: _____

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 above; 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 further agree to immediately pay, upon written demand by the credit union any additional amount necessary to reimburse the credit 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 check listed above 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, accosts and expenses, including attorneys fees, which the credit union may incur by reason of its initial compliance with this stop payment request.

Member's signature _____
Print Name

Sworn and subscribed to before me this _____ day of _____, 202_.

Notary Signature

Notary Seal Here