L'Oréal USA Federal Credit Union 159 L'Oreal Way Clark, NJ 07066 (732) 499-6679

STOP PAYMENT REQUEST POSTDATED ITEM NOTICE

Item No./Type		Date of Item	Amount	Payable To	Service Charge	Account Number
Request Verification/Renewal						
	Oral Request		Date of Initial Request			
	Written Request		Time Received			
	Renewal Request					
 2. 3. 	Item Description. I request the Credit Union to stop payment on the share draft, check preauthorized electronic funds transfer ("EFT"), or ACH draft ("item") described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information on the item necessary for the Credit Union's computer to identify them. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item. Postdated Items. If this notice involves a postdated item, as indicated above, I hereby request the Credit Union to stop payment on the share draft or check if presented for payment prior to the date of the item. My stop payment notice on a postdated item is subject to all other terms and conditions for stop payment orders. Stop Payment Order. I agree that the Credit Union will not be responsible for stopping payment unless my stop payment order is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to final payment of similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to the Credit Unions' verification that the item has not already been paid or that effective as follows: I may make an oral stop payment order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time A written stop payment order will be effective for six (6) months. A written stop payment order will be effective for six (6) months. A written stop payment order will be effective for six (6) months. A written stop payment order will be effective for six (6) months. A written stop payment order will be effective for six (6) months. A written stop payment order will be effective for six (6) months. A written stop payment order will be effecti					
Member	Signatu	re			Date	
Member Name (please print)						