

You are hereby authorized to stop payment on the following:

STOP PAYMENT AUTHORIZATION

| Payable to | Amount |
|------------|--------|
| | |

In asking this courtesy the undersigned agrees to hold Bourns EFCU harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold Bourns EFCU liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount written and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly.

| Stop Date | Time | Branch |
|-----------|-------|----------------|
| | | |
| Check No. | Dated | Account Number |
| | | |

Reason for Stop Payment _____

Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is effective for only 14 days unless confirmed in writing within that period.

Telephone # _____

Service Charge: _____ \$20 _____

(Authorized Signature)

Member Name: _____



| |
|----------------------|
| Internal Use Only: |
| Receiving MSR: _____ |
| Releasing MSR: _____ |

| | |
|--|---------------|
| STOP PAYMENT RELEASE This request is hereby withdrawn | |
| _____ (Authorized Signature) | _____ Date |