



**International Airline Employees
Federal Credit Union**

138-44 Queens Blvd, Suite 1B, Briarwood, NY 11435
Phone: (718)525-5903, Fax: (718)525-8958, www.iaefcu.org

STOP PAYMENT REQUEST and INDEMNIFICATION AGREEMENT

THIS AGREEMENT made this _____ day of _____, 20__ between **International Airline Employees Federal Credit Union** ('Credit Union') and _____ ('Member'). NOW, THEREFORE, IT IS AGREED between the undersigned as follows:

1. Check number _____ was drawn on account number _____ at Credit Union in the amount of \$ _____, dated _____, 20__, made payable to _____ and was issued to Member at the request of and upon payment from Member ('Cashier's Check').
2. That member hereby requests Credit Union to issue a stop payment order on the Cashier's Check.
3. That in order to induce Credit Union to issue such a stop payment order and in consideration for the Credit Union's issuance of a stop payment, Member agrees to save and hold harmless Credit Union, it's successors and assigns, from and against any liability, damage, claim, loss or proceeding made or brought upon Credit Union which it may suffer as a result of issuing the stop payment on the Cashier's Check.
4. The member shall furnish, upon demand, a bond or other security as Credit Union may deem necessary to protect the Credit Union's interests under this Agreement.
5. In the event the Cashier's Check shall thereafter come into the possession of the Member, Member agrees to return the Cashier's Check to the Credit Union.

Mail to:
International Airline Employees Federal Credit Union
138-44 Queens Boulevard, Suite 1B
Briarwood, NY 11435

Print Member Name

Member Signature

For Office use only:

By: _____

Name: _____

Title: _____