



Request for Stop Check Payment

Account Number	Member Name	Request Received Date/Time/Initials
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Credit Union Use Only

If UNPAID, you are hereby authorized to stop payment on the check described below. In requesting you to stop payment of this negotiable instrument, **the undersigned agrees to hold the Credit Union harmless from any legal liability of cost which may be incurred by it on account of refusing payment thereof, and further agrees not to attempt to hold the Credit Union liable should the check chance to be paid through inadvertence, oversight, accident, mistake or error.** Further, it is understood that this stop payment request may not become effective until the day following its receipt by the Credit Union and that this request is effective for six months. No renewal or withdrawal hereof shall be valid unless issued in writing and until one day following date served at the Credit Union upon an officer thereto during regular Credit Union hours.

Check #: _____ Check Dated: _____ Check Amount: \$ _____

Check Payable To: _____ Duplicate Check Issued: YES NO

Check Type (choose one): Personal Check Official Check

Reason for Stop Payment: _____

I understand there will be a \$25.00 fee for each stop payment processed on my account as disclosed in the schedule of fees.

Signature

Date

Address: _____

Daytime Phone: _____

Credit Union Use Only	Confirmation: _____
Date Stop Payment placed: ____/____/____	Initial of Processor: _____