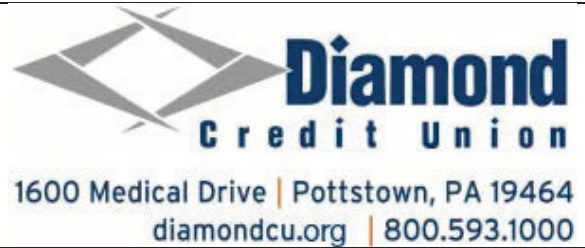


Share Draft Stop Payment Request Form



Name: _____ Account #: _____ S Type: _____

Has the check/draft already cleared the account?

☐

Yes

☐

No

If Yes, does the check/draft need to be returned?

☐

Yes

☐

No

☐

Single Check

Check #: _____

Amount: _____

Date issued: _____

Payable to: _____

☐

Series of Checks

Starting Check #: _____

Ending Check #: _____

Reason for Stop/ Return Payment:

☐

Lost

☐

Stolen

☐

Fraud

☐

Dispute w/ payee

☐

Other: _____

I understand that if this request was made orally to the credit union, the stop payment request will be void unless I, the member, sign this form within 14 days of the initial oral request. I also understand that this request will cease to be effective six months from the date shown below, unless it is previously canceled or renewed in writing by me. I understand it is not the credit union's responsibility to notify me when the time period lapses and if I choose to renew the stop payment request, I may be subject to pay another service fee. The credit union will not be liable for payment of the draft contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to me. The credit union's liability shall not in any event exceed the amount of the draft. I agree to reimburse the credit union for any loss it sustains in honoring this request.

A \$25.00 stop payment fee will be charged to your share draft account for this request.

☐

Telephone Request

-

Date: _____

Time: _____

Signature of Member: _____

Signature of Employee: _____