

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 be final and not be reversed unless a written authorization is provided by me to Diamond Credit Union to allow the merchant to debit my account. 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: _____