

Notice of Stop Payment Request: CHECK

| Member No | ame: | Account # | : | |
|---|--|---|---|--|
| Check #: | | Amount: | | |
| Payee: | | | | |
| Reason: | | | | |
| Stop Paym | ent Request Date: _ | | | |
| Stop Payment Expiration Date: | | | | |
| I further und presented t ACH) will n | derstand that the ite to the credit union ot be stopped. | for stop payment is valid only for em(s) mentioned above will only as a paper check. Any items prone stop payment request will be a | be stopped if it is essented electronically (by | |
| | The fee will be: (circle appropriate fee) | \$30.00 for Member Share Draft OR \$30.00 for Bank Cashier Check | | |
| Signature | | Date | For Credit Union Use Only: | |
| | | | Accepted by: Date: | |

Verified by: