

Credit Union Official Check or Money Order

Stop Payment Request - \$35 Fee

Member's Name: _____

Account # _____ Date: _____

Member's Address: _____

Date Purchased: _____

Official Check/Money Order Number (if known): _____

Official Check/Money Order Amount: \$ _____

Reason for Stop Payment (check one)

Lost

Stolen

Expired

Destroyed

Other (explain): _____

I certify that the information submitted above is true and complete, and I agree to hold the credit union harmless for acting in good faith on this request. I understand that a Stop Payment Order can not be honored if the item has already been paid, certified or cleared; and that such orders cease to be effective after one year, unless previously cancelled or renewed in writing by me. I further authorize that the \$35 stop payment fee be deducted from my account.

Member Signature: _____ **Employee Initials:** _____

Stop Date: _____

Processed by: _____