



CREDIT UNION



SERVICE FEE
WHICH WILL BE
CHARGED TO
DRAFT
ACCOUNT

STOP PAYMENT ORDER

DATE OF DRAFT	DRAFT NUMBER	AMOUNT OF DRAFT	PAYABLE TO

draft
account
number

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PRINT MEMBER NAME AND
ADDRESS BELOW

Please stop payment on the draft described above unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below, unless it is previously cancelled or renewed in writing by me. 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.

_____ / _____ Fax Request Signature of C.U. Employee Date & Time
_____ / _____ In Person Request Member Signature Date & Time