



Share Draft (Check) or ACH Stop Payment Request

Fax this form to 202-673-3508 or email to info@dccreditunion.coop

To: DC Credit Union
2000 14th Street NW, Washington, DC 20009

Please place a stop payment on the draft or ACH described below, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective after the presentment of the item. 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.

SHARE DRAFT/ACH STOP PAYMENT DETAILS:

DATE OF DRAFT/ACH	DRAFT NUMBER	AMOUNT OF DRAFT/ACH	PAYABLE TO

MEMBER'S NAME: _____

MEMBER'S ACCOUNT NUMBER: _____

MEMBER'S ADDRESS: _____

DATE OF REQUEST

MEMBER'S SIGNATURE

Received On: _____ Processed by: _____