



## Credit Union Official Check or Money Order

Stop Payment Request - \$25 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 \$25 stop payment fee be deducted from my account.

Member Signature: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

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Stop Date: \_\_\_\_\_

Processed by: \_\_\_\_\_