

## **STOP PAYMENT ORDER REQUEST**

Transaction Type:	☐ Written Request- Original	☐ Written Request- Renewa	l □ Verbal Request*
Today's Date:		Time:	□ a.m. □ p.m.
Account No.:		Account Type:	Checking/Share Draft
Account Name:		Draft Dated:	
Payable To:		Transaction Amou	int:
Check Serial Number	r(s):		
Reason for Stop Payı	ment:		
* For verbal requests of s			gnature. The signed form must be returned to
	STOP PAYMI	ENT TERMS AND CONDITIONS	
Financial Institution", to written notice from the a	stop payment on the above transaction	on(s). The stop payment order shall ment order; or c) until payment of the	nancial institution), hereinafter called "the remain in effect for a) six months; b) until he entry has been stopped, whichever occurs bleting a new Stop Payment Order.
harmless against any and	d all loss, claims, damages, and costs,	, including court costs and attorney'	lder agrees to hold the Financial Institution s fees, that the Financial Institution may ld of these instructions or expiration thereof.
	erstands that the stop payment requestinancial institution reasonable time to		Institution in such a time and in such a n the paper item.
result in the payment of costs, and damages incu	the above item. The account holder a rred by payment of the above item if ve, or if such payment is the result or	grees to hold harmless and indemni such payment is the result of failure	It to the transaction, and failure to do so may fy the financial institution for all expenses, to of the account holder to meet the time ish any time of information requested above
1	low will be assessed to the account he	older as payment for implementing	this order.
FEE ASSESSI	ED: <b>\$ 15.00</b>		
INTENT BY ME OR AN		WITH ME, AND THAT THE SIGNA	S NOT ORIGINATED WITH FRAUDULENT TURE BELOW IS MY OWN PROPER AND CORRECT.
Date	Account Holder Signatur	re Print Name	
For Credit Union Us	se Only:		
☐ Verbal stop payme	ent placed by:	Teller#:	Date:
			<del>-</del>
□ Stop payment placed by: Tel			Date form received: