

STOP PAYMENT

DATE OF CHECK

CHECK NUMBER

CHECK AMOUNT

PAYABLE TO

ACCOUNT NUMBER

NAME

STREET ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Please stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that this written request will cease to be effective 6 months from the date shown below and, an oral request will cease to be effective fourteen days 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.

SIGNATURE

DATE