

## CHECKING ACCOUNT STOP PAYMENT OR REVOCATION REQUEST

\_\_\_\_\_  
DATE

FR: \_\_\_\_\_ S \_\_\_\_\_  
NAME MEMBER ACCOUNT NUMBER PHONE NUMBER

<b>SINGLE CHECK STOP PAYMENT</b>	Check No. _____	Issue Date: Amount: _____	Payee: _____	Reason Code: (Circle one) <b>1 2 3 4</b>
<b>FEE: \$15.00 each</b>	_____	_____	_____	<b>1 2 3 4</b>
<b>Reason Codes:</b>	<b>1</b> Lost	<b>2</b> Stolen	<b>3</b> Dispute	<b>4</b> Other

<b>RANGE OF CHECKS STOP PAYMENT</b>	Starting Number: _____	Ending Number: _____	Reason: (Circle one) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other
<b>Fee: \$15.00 each range</b>	_____	_____	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other

**Debit Member's account Credit GL. 4.462.2** **Narration: Range Stop XXXX to XXXX.**

### REVOCATION OF STOP PAYMENT

Please revoke my previous stop payment request of:

Single Check:      \_\_\_\_\_      \_\_\_\_\_  
DATE REQUESTED CHECK NUMBER

Range of Checks:      \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_  
DATE REQUESTED FIRST CHECK # LAST CHECK#

All stop pay requests are subject to the term and conditions of the Credit Union account agreement. I understand that checks can not normally be stopped after they have cleared. We will search the account exclusively by the check number. If the check number is wrong, we will not find the check and no stop payment will be made. Verbal notification must be followed by a written request within **14 days** of the oral notification or the stop payment will lapse.

\_\_\_\_\_  
ACCOUNT HOLDER - SIGNATURE \_\_\_\_\_  
DATE

**FOR CREDIT UNION USE ONLY:**

Request made:       In person at \_\_\_\_\_ am \_\_\_\_\_ pm       Via telephone at \_\_\_\_\_ am \_\_\_\_\_ pm

Member will:       Forward a confirmation or FAX to the Credit Union       Come in to sign this form by \_\_\_\_\_

CKSTPDEC04

CU823 & 00 MSG by OPR #:	Mbr requested Password:	FAX for Mbr Signature to:	0\$27 by OPR: Expires:	Date Confirmation Received:
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