

SHARE DRAFT STOP PAYMENT REQUEST

REQUEST ACCEPTED:

| | |
|----------------------|--|
| Date | |
| Time | |
| Employee Name | |

REQUEST RECEIVED:

| | | |
|---|----------|--|
| <input type="checkbox"/> In Person | x | <input type="checkbox"/> By Phone |
|---|----------|--|

(Check One)

MEMBER INFORMATION:

| | |
|------------------------|--|
| Member Name | |
| Account Number | |
| Checking Suffix | |
| Daytime Phone # | |

STOP ITEM INFORMATION:

| | |
|--------------------------------|--|
| Draft Number | |
| Date of Draft | |
| Payable To | |
| Exact Amount of Draft | |
| Reason for Stop Payment | |

The undersigned member and the credit union agree to abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing stop payment orders. To be effective, the credit union must receive the stop payment order in time to give us a reasonable opportunity to act on it. **Oral stop payment orders (including by phone) are binding for 14 days only, unless confirmed by the member in writing on this form within the 14 day period. Properly signed stop payment orders are effective for six (6) months after the date accepted and will automatically expire after that period, unless renewed in writing by the member.**

Member Signature

Date

Credit Union Signature

Date