



## **Stop Payment Request**

**You Must Print, Sign and Return to Credit Union**

(in person or by mail)

*A signature is needed to complete the process.*

Last: \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_

City: \_\_\_\_\_ Home: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_

Check # to Stop: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Written: \_\_\_\_\_

Payable To: \_\_\_\_\_

Reason for Stop Pay: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disclosure: All items must be accurate or our computer systems will not properly stop payment. You need to print, sign and return this form to create a stop payment that is valid for 180 days (in person or by mail).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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