

personal check stop payment request



STOP PAYMENT

REVOCATION (You wish to CANCEL this Stop Payment)

MEMBER INFORMATION

_____	_____	_____	_____
Last Name	First Name	(MI)	UMe Account Number
_____	_____	_____	_____
Street Address	City	State	Zip Code

Email Address			

CHECK INFORMATION

date of check: _____ check number: _____ amount of check: \$ _____

payable to: _____

reason for stop payment: _____

Please stop payment on the check described herein unless you have already paid, or accepted the check. You understand **this request is effective for Twelve Months from the date shown below**, unless it is previously cancelled or renewed, in writing, by you. If at the end of twelve months you request to continue this stop payment order, that request will be treated as a new request. The credit union will not be liable for payment of the check contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to you. The credit union's liability shall not, in any event, exceed the amount of the check. You agree to reimburse the credit union for any loss it sustains in honoring this request. You also understand that if you issue checks with the same sequence number as indicated, the item will be returned as a stop payment. **NOTE: There is a \$25 Stop Payment Service Fee per item, including single checks or sequential checks, that will be charged to your checking account.**

X _____
Member Signature

Date

for credit union use only

completed by: _____ user #: _____

date: _____