



# STOP PAYMENT ORDER

MEMBER NAME \_\_\_\_\_ ACCT# \_\_\_\_\_

DATE CHECK WRITTEN \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT\$ \_\_\_\_\_

PAYABLE TO \_\_\_\_\_

DID YOU SIGN RECEIPT? YES \_\_\_\_\_ NO \_\_\_\_\_

DID YOU GET CHECK RETURNED AND STAMPED VOID? YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR STOP PAYMENT \_\_\_\_\_

I hereby request that Freedom 1st Federal Credit Union stop payment on the check data as indicated above. I understand that this order, unless cancelled by me, will be effective up to a maximum of six months and the charge for processing this order is \$ \_\_\_\_\_.

Check box if the following statements apply.

I hereby certify that the check indicated above is a paper item and I have not authorized an ACH or Point of Purchase (POP) entry.

I am issuing or have issued a replacement check. Check # \_\_\_\_\_

**It is understood that Freedom 1st Federal Credit Union assumes no liability for any action it takes regarding the payment or non-payment of the above mentioned check.**

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Member phone number

CREDIT UNION USE ONLY

TAKEN BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM FAXED OR MAILED FOR SIGNATURE BY \_\_\_\_\_

STOP COMPLETED BY \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ ACH \_\_\_\_\_