CCSE
FEDERAL CREDIT UNION

Stop Payment Form

Member Number _____ Date of Stop _____

Beginning Check Number _____ Ending Check Number _____
(range stop only)

Date of Check(s) _____

Payable To _____

Dollar Amount _____

Reason for Stop Payment _____

In asking this courtesy the undersigned agrees to hold the above named institution harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold said institution liable on account of payment contrary to this request if made through inadvertence or accident. Please verify that dollar amount written above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly.

Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is only effective for 14 days unless confirmed in writing within that period.

Authorized Signature: _____ Date_____

STOP PAYMENT RELEASE
The above request is hereby withdrawn

Authorized Signature: _____ Date_____

Credit Union Use Only

Stop Payment Done By _____ Stop Payment Release Done By _____

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