



# STOP PAYMENT FORM

Name: \_\_\_\_\_

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

## OPTION 1: STOP PAYMENT REQUEST

Local 804 federal Credit Union is hereby directed to attempt to stop payment on the following check(s):

### SINGLE CHECK

### SERIES OF CHECKS

Check #: \_\_\_\_\_

Starting Check #: \_\_\_\_\_

Amount: \_a\_\_\_\_\_ a\_

Ending Check #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Payee: \_\_\_\_\_

**Reason for Stop Payment:**      Lost      Stolen      Dispute      Other: \_\_\_\_\_

.....  
I understand that the check numbers and amounts I list must be correct for the Stop Payment to take effect.

In the event that original check is received, I understand I must return it immediately to Local 804 Federal Credit Union, 3421 Review Ave, Long Island City, NY 1101, with no attempt to cash it under penalty of fraud. I further understand that I am responsible for a stop payment fee as outlined in Local 804 FCU's Fee Schedule..

I agree to indemnify Local 804 Federal Credit Union against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount you are obligated to pay on the check(s), which Local 804 Federal Credit Union may sustain or incur in consequence of honoring this Request to Stop Payment.

I understand that I must notify Local 804 Federal Credit Union in writing if I wish to cancel the Stop Payment.

I understand Local 804 Federal Credit Union will not be liable for paying any check (s) on the day the Request for Stop Payment is received.

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

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

.....  

## OPTION 2: STOP PAYMENT RELEASE

Release stop payment exactly as indicated above.

Release stop payment on these specific check numbers: \_\_\_\_\_

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

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

Local804 FCU USE ONLY	PROCESSED BY	PROCESSED DATE
<b>REQUEST</b>		
<b>RELEASE</b>		