



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, 44 South Bayles Avenue, Suite 204, Port Washington, NY 10050, 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
REQUEST		
RELEASE		