



STOP PAYMENT OF LOCAL 804 FCU CASHIER CHECK

Section 1 – Stop Payment Information	
Name of Account Owner (please print):	Account Number:
Check Number or Range:	
Date of Check:	Amount of Check:
Payable to (Payee):	
Reason for the Stop Payment:	

Section 2 – Acknowledgement
<p>In the event that original check is received, I understand I must return it immediately to Local 804 Federal Credit Union 44 S Bayles Ave Suite 204 Port Washington, NY 11050</p> <p>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.</p> <p>I acknowledge receipt of no benefit from check dated _____.</p> <p>_____</p> <p>Member's Signature Date</p>

Section 3 – For Credit Union Use		
Voided By _____ Date _____	Stopped By _____ Date _____	Received Back By _____ Date _____