



# STOP PAYMENT REQUEST

Member Account Number: \_\_\_\_\_

Beginning Check Number: \_\_\_\_\_ Ending Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Date of Check: \_\_\_\_\_ Payable to: \_\_\_\_\_

Reason: \_\_\_\_\_

*I understand that stop payments are valid for six months and that I may renew the stop payment.  
(Please see Fee Schedule for current Stop Payment fee.)*

Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_