



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: _____