

CHECK "STOP PAYMENT" REQUEST

STOP PAYMENT REVOCATION PERSONAL CHECK CASHIER'S CHECK

Please stop payment on the check described herein unless you have already paid, or accepted the check. **You understand this request is effective for SIX MONTHS from the date shown below, unless it is previously cancelled or renewed in writing by you.** If at the end of six months you request to continue this stop payment order, that request will be treated as a new request. The credit union will not be liable for payment of the check contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to you. The credit union's liability shall not, in any event, exceed the amount of the check. You agree to reimburse the credit union for any loss it sustains in honoring this request. You also understand that if you issue checks with the same sequence number as indicated, the item will be returned as a stop payment. **NOTE: There is a fee per Stop Payment**, including single checks or sequential checks (see the Los Angeles Federal Credit Union "Rates & Fees" brochure or www.lafcu.org).

DATE OF CHECK / /	CHECK # (S)	AMOUNT OF CHECK \$
PAYABLE TO:		REASON FOR STOP PAYMENT

MEMBER ACCOUNT #

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CHECKING ACCOUNT ID#

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- ORAL REQUEST
 WRITTEN REQUEST

SERVICE FEE TO BE CHARGED CHECKING ACCOUNT = \$ _____

PRINT
MEMBER
NAME
&
ADDRESS

MEMBER'S SIGNATURE*	DATE
X	/ /

**Or signature of credit union employee recording oral request*

REVOCATION: You wish to CANCEL this stop payment.

MEMBER'S SIGNATURE	DATE
X	/ /

CREDIT UNION USE ONLY: Teller # _____ Initials: _____ Date: _____ Time: _____



P.O. Box 53032 • Los Angeles, CA 90053 • (877) MY LAFCU (695-2328) • memberservices@lafcu.org • www.lafcu.org

LAFCU membership is open to active and retired employees, and active volunteers of LA City, members of the Los Angeles Charitable Association, Inc., and their immediate family members. You must be a LAFCU member to obtain credit and/or to use credit union services.

Web-50307

