



CHECK STOP PAYMENT REQUEST

► Use this form to request a stop payment on a check you have written that has not yet cleared.

- Completed form must be received by MFCU before your check has cleared your account.

Credit Union Use Only
Date Received:
Received By:

1. Member Information

Name:	Member Number:	Share ID:	Phone:
Account Type:			
Checking	Kasasa Checking	Checking Plus	CUMMFI

2. Check Information

Amount:	Check #:	Payable To:	Date Written:

3. Check Stop Reason

Reason for Stop:			Range (Blank checks only)	
Lost	Stolen	Other:	From:	To:
► A processing fee may be assessed for this stop. This fee will be withdrawn from the account listed above.				Fee Assessed:

4. Disclosures & Agreements

I request Malheur Federal Credit Union to stop payment on the share draft/phone draft described above. I warrant that the item description, including the date, its exact amount, the item number and payee are correct. I understand that the EXACT information on the item is necessary for Malheur Federal Credit Union's computer to identify the item. If I give Malheur Federal Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.

I agree the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union: **(1) within a reasonable time for the Credit Union to act on my order prior to a final payment or similar action: or (2) at least three (3) business days before the scheduled date of the preauthorized draft. I understand that my stop payment request is conditional and subject to verification that the item has not already been paid.**

I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

I understand that my stop payment order will be effective as follows: **I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written stop payment order will be effective for six (6) months.**

Print Name:	
MEMBER SIGNATURE	DATE
X	

CREDIT UNION USE ONLY		
PROCESS:	INITIAL:	SCAN LOCATION:
(SP) Symitar:		Synergy>Default Template>Member Records>Check Stop Payment
Notes:		