



STOP PAYMENT REQUEST

Date Requested	Type of Request	
Member Name		Member Account Number
Item Number / Range	Amount of Item(s)	Payee(s)
Reason For Stop Payment		

IMPORTANT PLEASE READ!

I request that Firefighters Credit Union stop payment on the described item(s). I understand that the stop payment request will be effective as follows:

- The stop payment item has not already been paid or accepted by the Credit Union prior to the receipt of this stop payment.
- The stop payment must be received by the credit union in time to reasonably act upon it. The stop payment request must be received at least three (3) business days before the scheduled date of a preauthorized EFT or ACH draft.
- An oral stop payment request is valid for fourteen (14) calendar days. If I do not confirm the oral stop payment request by signing a stop payment request and submitting it to the credit union within the fourteen (14) calendar days, the stop payment will lapse.
- Once confirmed, a stop payment request is valid for six (6) months from the original date of the stop payment request. The stop payment request can be extended for an additional six-month period by submitting a new stop payment request before the existing stop payment request expires.
- In order for the credit union's computer system to stop payment on an item, all the information on the stop payment request must be correct.
- Once the stop payment has been requested, the stop payment may not be cancelled by me during the original six-month period the stop payment request is in effect.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS STOP PAYMENT REQUEST AS DESCRIBED ABOVE

Members Signature _____

Date _____

Credit Union Use Only

Mail date _____ Received Date _____ Time Request Received _____ Action Date _____

Action Taken by _____ Method Phone Mail Other

Account Charged Checking Savings Date Charged _____ Amount Charged _____