



P.O. Box 25947
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transfcu.org

CHECK/DRAFT STOP PAYMENT REQUEST FORM



Member Name

Account Number

Draft Number

Draft Date

Amount(\$)

Payable To: _____

Service Fee (\$_____): SHARE SAVINGS _____ SHARE DRAFT _____

STATEMENT

Please stop payment on the draft described above, unless you have already paid, certified, or accepted it. All information provided is accurate. I have read and agree to the terms and conditions of this request. **If the item is presented in a different method than I have indicated, the item may still be paid with no liability to the Credit Union.** I understand that if I do not sign and return this form within 14 calendar days, my stop payment will expire on the 14th day. I will not be refunded any fees and I will not hold the Credit Union liable for payment on this item. If I still want the item stopped, I will need to complete a new request, and an additional service fee will be charged to my account.

I understand that this request for stop payment will cease to be effective six months from the date shown below, and that I may renew my stop payment request for an additional six-month period by initiating a new stop payment request form and returning it to the Credit Union within the original six-month expiration period. I understand that the six-month renewal period commences on the day my renewal request is received by the Credit Union. If I cancel this request, the cancellation must be in writing and the service fee will not be refunded. The Credit Union will not be liable for payment of the draft contrary to this request unless such payment causes actual loss to me and is caused by the Credit Union's failure to exercise ordinary care.

Member Signature

Date

FOR STAFF USE ONLY

I certify that the above information was discussed with the member upon receiving the member's oral/written request to stop payment of the above draft.

Signature

Date