



SHARE/LOAN DRAFT STOP PAYMENT REQUEST

Member Name _____

Member # _____

Starting Check # _____

Ending Check # _____

Amount of Check _____

Issue Date _____

Payee _____

Share/Loan Draft

- Check lost in mail
- Checkbook lost / stolen
- Dissatisfied with service
- Dissatisfied with product
- Believe amount altered
- Defective merchandise
- Not enough money in account
- Checks have incorrect address
- Merchant account closed
- Cancelled order

Notice – A \$10 charge will be assessed to your account for the stop payment. Draft stop payments remain in effect for 6 months.

Member Signature _____

Date _____

For Credit Union Use Only:

Request received by _____

Date Loaded _____

OFFICE USE ONLY: Submit via Intranet to ES