

**CHECKING ACCOUNT – STOP PAYMENT REQUEST**

I request that University Credit Union stop payment on the check(s) listed below. I realize that I am responsible for all the check information and that if any of the information is incorrect, it could result in the payment of the check. I understand that this form is for stop payment on paper checks and may stop payment on a check that has been converted to an electronic (ACH) transaction. I also understand that payment of the check(s) may still occur within 24 hours of returning this completed form.

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Member Daytime Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

Check # beginning: \_\_\_\_\_ ending check # – if a range stop: \_\_\_\_\_

Date Written – if this is a single check stop: \_\_\_\_\_

Reason for STOP: Loss \_\_\_ Stolen \_\_\_ Cancel \_\_\_ Other \_\_\_\_\_

I acknowledge that the stop payment fee, as stated in the Schedule of Fees and Charges, will be debited from my account, and that the stop payment is valid for 1 year. By signing below, I understand and accept the terms and conditions of this stop payment request.

X \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER SIGNATURE

— For UCU use only —

UCU: Date \_\_\_\_\_ ASC: Date \_\_\_\_\_ Fax: Date/Time \_\_\_\_\_

FM-Stop Pay done: \_\_\_\_\_ Date: \_\_\_\_\_ FEE CHARGED: \_\_\_\_\_ Date: \_\_\_\_\_  
Teller # / Initials Teller # / Initials

Verification done: \_\_\_\_\_ Date \_\_\_\_\_  
Teller # / Initials

**CHECKING ACCOUNT – REVOKE STOP PAYMENT**

I request the University Credit Union to REVOKE this stop payment request. I am aware that checks may have been returned since I placed the stop payment request and that checks may still be returned within 24 hours after returning this completed REVOKE form.

**REVOKE:**

Check #(s): \_\_\_\_\_ Reason: \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I have understood and accept the terms and condition of this REVOKE request.

X \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER SIGNATURE

— For UCU use only —

UCU: Date \_\_\_\_\_ ASC: Date \_\_\_\_\_ Fax: Date \_\_\_\_\_

FM – Stop Pay EXPIRED: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Teller # / Initials

Verification done: \_\_\_\_\_ Date: \_\_\_\_\_  
Teller # / Initials