

**FOREST AREA FEDERAL CREDIT UNION
CHECK STOP PAYMENT/UNAUTHORIZED CHECK REQUEST**

The Undersigned is the drawer of the item described below and requests FAFCU to stop payment on the Check transaction as described. Failure to provide exact information for the Checking Account Number, Check Dollar Amount, Check Number, Date Check written, Check Payee and the Reason for the stop payment will result in FAFCU processing department's inability to honor the Stop Payment Request, and if such occurs, FAFCU will not be responsible for failing to honor this Stop Payment Request. It is further understood that FAFCU assumes no liability for any actions taken regarding the payment or non-payment of the Check transaction mentioned in the Stop Payment Request.

Member Name: _____ Fee: **\$20.00** charge to your account

Member Account Number: _____

Member Home Phone: _____ Work phone: _____

Email Address: _____

Transaction type: Check/Share Draft ____ Official Check ____ Money Order ____

Official Checks and Money Orders: Mandatory 3-day delay for reimbursement of funds if actual item is not turned in to ensure item has not already cleared.

Share Draft/Check/Money Order Number: _____ Date Written: _____

Payable to: _____ Phone #: _____

Lost/Stolen Blank Checks Range from Check # _____ to Check # _____

Has this transaction cleared or attempted to clear your account in the past? Yes ____ No ____

When? Date: _____

Reason for Stop Payment: _____

Today's Date: _____ Time: _____ am/pm

VERBAL REQUESTS WILL AUTOMATICALLY TERMINATE FOURTEEN (14) CALENDAR DAYS FROM THE DATE OF THE ORDER UNLESS WRITTEN CONFIRMATION IS RECEIVED WITHIN THAT PERIOD. I UNDERSTAND THAT THIS WRITTEN REQUEST IS UNABLE TO BE WITHDRAWN HOWEVER WILL CEASE TO BE EFFECTIVE SIX (6) MONTHS FROM THE DATE SHOWN BELOW AND MUST BE RENEWED BY THE MEMBER IF NECESSARY.

Member's Signature: _____ Date: _____

Teller's Name: _____ # _____ verbal request received at: _____ am/pm

Please make copy for Member