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CHECK STOP PAYMENT REQUEST FORM

****THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 14 DAYS OF YOUR VERBAL REQUEST TO INSURE YOUR STOP PAYMENT OR YOUR REQUEST MAY BE CANCELLED****

Member Name: _____

Account Number: _____

Check Number: _____

Payable To: _____

Amount of Check: _____

Was This a "Check by Phone"? _____

Reason for Stop: _____

Members Signature: _____ **Date:** _____

CHECK STOP PAYMENTS ARE GOOD FOR SIX MONTHS

A fee of \$30.00 is charged for each stop payment. This fee has been deducted from your account.

CU Use:

Request Taken by: _____ Date: _____

BFCU EMPLOYEE

TELLER NO. _____