



Check Stop Payment Order

Form may be returned by fax to (925) 609-5165

_____	_____ / _____	_____
Name	Account Number/Suffix	Today's Date
(_____) _____	(_____) _____	(_____) _____
Home Phone Number	Work Phone Number	Cell Phone Number
_____	_____	\$ _____
Item(s) dated	Numbered	Amount(s)

Payable to _____

The undersigned agrees: (a) to notify the Credit Union if and when the stop payment order should be released; (b) that closing the account on which this item is drawn shall automatically cancel this stop payment order; (c) that this stop payment order expires and is no longer in effect six (6) months from the date the stop payment order was originated, unless earlier released or renewed by the undersigned in writing. It is understood that if a third party (including Pacific Service CU) becomes a holder in due course of this item, they may be entitled to enforce payment against the member.

Under the law, a verbal stop will remain in effect for only **fourteen (14) days** unless the order is confirmed in writing within that period.

The undersigned hereby agrees to hold Pacific Service Credit Union harmless for said amount of check(s) and from all expenses, costs, and attorney's fees that might be incurred by Pacific Service Credit Union on account of refusal to pay the said check(s).

I understand there is a fee for each Stop Payment (refer to Schedule of Fees). Please deduct the fee from the following Pacific Service CU account number /suffix: _____/_____.

Signature _____ Date _____

For Credit Union Use Only Date Completed _____ Completed By _____ Fee Collected By _____