

Stop Payment Request

Member Name:	Member Number:
Payable To:	Account Number:
Amount:	Item Dated:
Reason for the Stop Order:	

Stop Payment

Release of Stop Order

**** A Twenty Five Dollar (\$25.00) fee will be assessed to your account****

Share Draft

Check #

Effective for Six (6) months

I agree to indemnify Teachers Federal Credit Union against any expense or loss suffered as a result of refusing to pay this item(s). Should litigation arise between us, I agree to waive jury trial and to be governed by New York State Law with respect to the stop payment. This request supersedes any prior oral stop payment request. It is effective only if the item has not been paid, even if it has been accepted by TFCU. I understand I must provide the exact details of the item to enable TFCU to stop payment. I have the burden of establishing the fact and amount of loss resulting from payment contrary to a binding stop payment order.

Member Signature:

Date:

Request Received From: Branch_____Date_____ Via Mail: Staff Initials_____	Investigation: Date:_____ Staff Initials:_____	Requested Processed: Date:_____ Time:_____ Staff Initials:_____	\$25 Fee Processed: Date:_____ Staff Initials:_____
Telephone request: Time:_____		Disclosed written order due in 14 days? Y N	

Authorized Staff Signature: