



126 E. Lincoln Avenue, PO Box 2000, Rahway NJ 07065-0913 CHARTER NO. 1454

General Information (732) 594-3317
 Fax No. (732) 594-8280

STOP PAYMENT ORDER

Date of Draft	Draft No.	Amount	Payable to:

Account No.: _____

Member's Name: _____

Member's Address: _____

Member's Telephone No.: _____

=====
 Reason: Code () See Below

- | | | |
|------------------------------------|-------------------|----------------------|
| 1. Unauthorized Drawer's Signature | 4. Closed Account | 7. Raised Item |
| 2. NSF (Non-Sufficient Funds) | 5. No Account | 8. Restraining Order |
| 3. Member Stop Payment | | |

Please stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that a verbal request for a stop payment will lapse within 14 days unless confirmed in writing within that time. I also understand that a stop payment order expires 6 months from the day it is placed. A written stop payment order may be renewed in writing from time to time. The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I also agree that the Stop Payment Fee be charged to my account.

_____ Date

_____ Signature

Please note that the Stop Order Fee is \$4.00 per item.

For Office Use Only

Received By: _____ Via: Telephone Fax Mail In Person

Date: _____ Fee: _____ Memo: _____