



CHECK STOP PAYMENT REQUEST

Name: _____ Account #: _____

OPTION 1: PLACE STOP PAYMENT

People Driven Credit Union is hereby directed to attempt to stop payment on the following check(s):

SINGLE CHECK

SERIES OF CHECKS

Check #: _____

Starting Check #: _____

Amount: _____

Ending Check #: _____

Date Issued: _____

Payee: _____

Reason for Stop Payment: Lost Stolen Dispute Other: _____

Please stop payment on the check described above, unless you have already paid, certified or accepted. I understand that this written request will cease to be effective six months from the date shown above and, an oral request will cease to be effective fourteen days from the date shown above unless it is previously canceled or renewed in writing by me. The Credit Union will not be liable for payment of the check 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 check. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. Cancellation of this stop payment must be submitted in writing.

OPTION 2: STOP PAYMENT RELEASE

Release stop payment exactly as indicated above.

Release stop payment on these specific check numbers: _____

Signature: _____ Date: _____

CU USE ONLY	PROCESSED BY	PROCESS DATE
PLACE STOP PAYMENT		
STOP PAYMENT RELEASE		