



Community Regional Credit Union

"Your Community, Your Credit Union"

STOP PAYMENT ORDER

Date: _____

Member Name: _____

Is it an ACH item Yes ___ No ___ Share Draft Number _____

Amount: \$ _____

Payable To: _____

X _____
Member Signature

Date

X _____
Joint Member Signature

Date

- At the time the item is returned, the member will be charged \$15.00
- The stop payment order will not be effective until it is signed by the owner or joint owner and it is received prior to the transaction posting the account.
- By signing above, the member agrees that this order contains the exact amount, date, payee, and check number.
- This form is effective for only 6 months unless renewed.

MSR Initials: _____

Date/Time: _____