



100 Madison St, Syracuse, NY 13202 | www.moneyfcu.org | Ph: (315) 671-4000 | Fax: (315) 671-4030

Check Stop Payment

Member Number

Name

Phone

Check Information

Date of Check: ____/____/____

Check Number: _____

Dollar Amount: \$ _____

Payable To: _____

Reason for Stop: _____

Authorization

Please stop payment of the draft described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below, unless it is previously canceled or renewed in writing by me. 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 understand that the \$20 fee for this service will be deducted from my account on the day that this request is processed.**

Signature: _____ Date: ____/____/____

Office Use:

MSR Name: _____ Date: ____/____/____ CAN#: _____