



Request for Stop Payment

Member's Name: _____ Member No.: _____

TO: Los Angeles Police Federal Credit Union. You are hereby directed to attempt to stop payment on the following check(s):

Check No.: _____ Date Written: _____

Amount \$: _____ Payee: _____

Reason (Optional): _____

Range Stop Low and High Numbers _____

I understand that this request for stop payment shall be valid no longer than six (6) months, but may be renewed for additional six (6) month periods by written notice given during the time that the stop payment request was effective.

I understand that the above numbers and amounts must be correct for the stop to take effect.

I understand that if your bank has obligated itself to pay the check, pursuant to California Commercial Code 4303, or a third person becomes a holder in the due course of the check, that you may be obligated to pay the check.

I understand that I must notify you in writing to cancel the stop, and that the fee is the same as placing the stop.

I understand that Los Angeles Police Federal Credit Union will not be liable for paying a check on the day that the stop payment request is received.

I authorize the Los Angeles Police Federal Credit Union to debit my:

Share or Checking account - \$25.00 for the stop payment.

If I gave this stop payment request orally, this request shall be valid for only fourteen (14) days thereafter unless confirmed in writing. In order for this request to remain in effect, this form needs to be signed and returned to our office no later than _____.

Member's Signature _____ Date _____

Daytime Phone No. _____

C.U. USE ONLY

Date: _____ Operator Initials: _____ Operator # _____