



Stop Payment Request

Member Number: _____ Date of Request: _____

Member Name: _____

Reason for Request: _____

Please stop payment on the check described herein:

Check Number: _____ Check Amount: _____

Payable to: _____

Check Date: _____ Received By: _____

The member agrees to hold harmless MIT Federal Credit Union for all expenses and costs incurred by the member by refusing to pay said item. The member further agrees to allow a reasonable time period for the Credit Union to act on this request before it actually goes into effect. The member agrees that this stop payment request shall remain in effect for six (6) months from the date of request. Also, the member agrees to pay a stop payment fee of \$15.00 per stop payment.

I understand and agree to the terms and conditions above.

Member Signature: _____ Date: _____

A copy of this request must be mailed or presented to the member who requests to stop payment.