



**STOP PAYMENT REQUEST**

Member Number: \_\_\_\_\_

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Stop Type:  Cheque#       Cheque Amount       Electronic Funds Transfer

Cheque Number : \_\_\_\_\_

Low Cheque #: \_\_\_\_\_

High Cheque #: \_\_\_\_\_

Cheque Amount: \_\_\_\_\_

Cheque Issue Date: \_\_\_\_\_

Cheque Payee: \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

Number of New Cheques Issued: \_\_\_\_\_

I/We hereby agree to be responsible for all expenses and/or costs incurred by the credit union through refusing payment of said cheque.

I/We acknowledge that this Stop Payment Order will be of no effect if the cheque has already been presented for payment at the time this order is given. Once a cheque has been honoured, no Stop Payment Order can be effective.

\_\_\_\_\_  
Member Signature

**\*\*\*\*\* THIS SECTION TO BE COMPLETED WHEN STOP PAYMENT ORDER IS RELEASED\*\*\*\***

Cheque Returned Stop Payment    Date: \_\_\_\_\_ **or**

I/We hereby cancel the above stop payment order    Date: \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Authorized By

Please fax this Stop Payment Request to 1-204-954-9805