

Share Draft Stop Payment



SF Fire Credit Union

Member Name	Member Number	Date
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Reason		The stop payment is hereby cancelled. _____ Member Signature _____ Date
Check Number(s)		
Check Date		
Dollar Amount		
Payee		
Signer of Check		
Fee		

I hereby direct you to stop payment of the check drawn by me. I understand that this Order to Stop Payment shall not apply to any share draft or check certified by you on my behalf, or any other item issued by you on my behalf.

I understand that I must supply you with the exact information of the issued check

Member Signature

Date

For Credit Union Use Only

Operator #	Date	Approved By	Date
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