



Police Federal Credit Union
www.policefcu.com
9100 Presidential Parkway
Upper Marlboro, Maryland 20772
301-817-1200 Fax: 301-817-1231

Stop Payment on Share Drafts

A Stop Payment must be confirmed in writing within 14 days or the request will be cancelled.

Account Number _____ Member _____ Contact # _____

Check Number _____ Amount _____ Payable To _____

Your request will expire six months from the date processed, unless it is cancelled or renewed in writing by you. A Stop Payment Order becomes effective only after the credit union has a reasonable opportunity to act upon the request and to verify that the check(s) remain unpaid. If any of the information above is incorrect, please contact the credit union immediately or your stop payment request may not be valid. Exact information is required to ensure that payment of the item will be cancelled. In addition, POLICE FCU may be liable for paying over a stop payment order, however, it is up to the member to establish and provide factual proof of the actual loss incurred by the member as a result of the credit union's failure to stop payment on the check or electronic/ACH item.

Date of Request _____ Void Date _____ Teller Initials _____

Member Signature _____

Stop Payment Fee: \$20.00 per check; \$25 per series

Please forward completed forms to the Accounting Department.

Accounting Dept. Only: ACH _____ Initials _____
Expiration Date _____ Date Removed _____ Initials _____