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FOOTHILL FEDERAL CREDIT UNION

STOP PAYMENT REQUEST

Date: _____

Account # _____

Draft # _____

Amount \$ _____

Issue Date: _____

Payee: _____

Reason: _____

I understand my account will be assessed a \$10.00 Stop Payment fee. The Stop Payment will be valid for six months and if I decide to extend this period I will be charged an additional \$10.00 fee.

If requests are received after an item has cleared, the request can not be processed and the Credit Union will not be held responsible.

No Stop Payments can be placed on Cashier Checks or Credit Union counter checks.

Member Signature and Date

Employee Signature

Date Processed