



P.O. Box 70440
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 202-366-9400 ▪ 800-DOTTIE2
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Stop Payment Request Form

Member Name _____ Account Number _____

Draft Number _____ Draft Date _____ Amount (\$) _____

Payable To _____

SERVICE FEE (\$30): SHARE SAVINGS _____ SHARE DRAFT _____

Please stop payment on the draft described above, unless you have already paid, certified, or accepted it. I understand that under the computerized system employed by the Credit Union, drafts to be stopped are identified solely by my account number and the number of the draft to be stopped. I further understand that, although all of the information provided by me in this request must be accurate, my draft will not be stopped unless I provide my exact account number and the exact number of the draft to be stopped. I understand that this request for stop payment will cease to be effective six months from the date shown below, and that I may renew my stop payment request for an additional six month period by initiating a new stop payment request form and returning it to the Credit Union within the original six month expiration period. I understand that the six month renewal period commences on the day my renewal request is received by the credit union. An oral stop payment request must be confirmed in writing within fourteen days after the oral stop payment was requested. Once the stop payment has been issued, it can not be canceled by me during the original six month expiration period. The Credit Union will not be liable for payment of the draft contrary to this request, unless such payment causes actual loss to me and is caused by the Credit Union's failure to exercise ordinary care.

Member Signature _____ Date _____

For Staff Use Only	
I certify that the above information was discussed with the member upon receiving the member's oral/written request to stop payment of the above draft.	
Staff Signature _____	Date _____



Your savings federally insured to at least \$100,000 and backed by the full faith and credit of the United States Government



Additional coverage up to \$250,000 provided by Excess Share Insurance Corporation, a licensed insurance company.