



STOP PAYMENT ORDER

Now Account Number: _____

Draft Number: _____ Dated: _____

Amount: \$ _____

Payable to: _____

Date of Request: _____ Time of Request: _____ AM / PM

Name on NOW Account: _____

FOR THIS SERVICE YOU MAY CHARGE MY ACCOUNT

This confirmation is our record of your Stop Payment order and represents our understanding of the order. If it is incorrect, please advise us immediately as the Credit Union will NOT be responsible for stopping payment on any item unless accurately described in the Stop Payment Confirmation.

A written Stop Payment Order signed by a member will not be effective after 6 months, but may be renewed in writing (Code 4-403).

Signature of NOW Account Holder

Authorized by

SIGNING BELOW THIS LINE WILL RELEASE THE ABOVE REQUESTED STOP PAYMENT

Stop Payment Release Date: _____

The above request is withdrawn.

Signature of NOW Account Holder