



### REQUEST FOR STOP PAYMENT OF PERSONAL CHECK

Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

#### Check Information

Checking Account Number (from bottom of your checks)

2 2 6 0 7 7 5 1 6      1 3 1 7 ( \_\_\_\_\_ )  
(10 digits)

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payable To the Order Of: \_\_\_\_\_

Purpose For Which Check Was Drawn: \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tracking #: \_\_\_\_\_ Bank Representative Name: \_\_\_\_\_

I/We \_\_\_\_\_, the undersigned, do depose and say that I am the lawful owner of the above Share Draft Account.

I, therefore, request Financial Assurance Federal Credit Union to stop payment on the said instrument.

I agree to hold Financial Assurance Federal Credit Union harmless of and from any loss, damages, claim and expense, which may be sustained or incurred by Financial Assurance Federal Credit Union in respect to the herein above described original check. This agreement shall be binding upon my heirs, executors, administrators, and assigns.

Member(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form requires a Signature. Please complete form, print and mail/fax to:**

Financial Assurance Federal Credit Union, 525 Washington Blvd, 33<sup>rd</sup> Floor, Jersey City, NJ 07310

**Phone:** (201) 743-5355 **Fax:** (201) 743-6520