



Stop Payment Order

1615 Hurffville Road
PO Box 5530
Deptford, NJ 08096
(800) 582-7640 - phone
(856) 232-9190 - fax

If you submit this request online, REMEMBER: Once your electronic stop payment request has been submitted, print and sign the form and submit it to the credit union by fax, by mail or in person. If not received within 7 days, the stop payment will be released and the check will be paid.

Office Use Only
Code _____
Confirmation # _____

Service Fee which will be charged to your account

ORAL REQUEST TAKEN BY

Draft Date Draft Number Draft Amount Payable To Reason for Stop Payment

Draft Account Number:

Please stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below, unless it is previously cancelled or renewed in writing by me. The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Print Member Name:

The Credit Union will make every effort to honor a Stop Payment Request. Until the signed Stop Payment Order is returned to the Credit Union, the Credit Union will assume the liability for returning the drafts "Stop Payment" within the 15 day grace period.

Signed: _____

Request Date: _____

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