



STOP PAYMENT on your Checking Account

FOR ACCOUNT INFORMATION, PLEASE CONTACT US AT: (818) 238-2950

Member's information:

DATE OF REQUEST: _____

NAME: _____ ACCOUNT #: _____

PHONE: _____ CELL #: _____ EMAIL: _____

Information on stop payments:

CHECK NUMBER: _____ CHECK AMOUNT: _____

DATE OF CHECK: _____

PAYEE NAME (OPTIONAL): _____

REASON: _____

RANGE OF CHECKS*:

Beginning Check Number: _____ Ending Check Number: _____

*Please use this option if you would like to place stop payments on multiple checks in sequential order. If your checks are lost or stolen we require that you close your checking account and open a new checking account. Closing the checking account is the only way to protect your account from fraud associated with lost or stolen checks. We can assist you with this process by calling (818) 238-2950 or stopping by the branch.

Conditions Applicable to this Stop Payment Order

There is a charge per check or check series. See our [Fee Schedule](#) for details. Your request will cease to be effective in six months unless it is cancelled or renewed in writing. The Credit Union will not be liable for payment of a check contrary to your request unless said payment is caused by the Credit Union's negligence and causes an actual loss. The Credit Union's liability shall not, in any event, exceed the amount of the check.

Member Signature: _____ Date: _____

Fax to: (818) 238-2979

Received Stop Payment Request:

Date: _____ MSR #: _____ Initials: _____

Confirmation Received:

Date: _____ MSR #: _____ Initials: _____

Confirmation Not Received/SP Canceled:

Date: _____ MSR #: _____ Initials: _____