LAFAYETTE FEDERAL CREDIT UNION
WWW.LFCU.ORG

Check Stop Payment Request

Please complete this form to request a Stop Payment on a paper check or series of paper checks. Oral Stop Payment Requests are effective for **14 days**. Written Stop Payment Requests will expire no later than six months from the date of the request unless renewed in writing with Lafayette Federal Credit Union or withdrawn by the account holder. Fax the completed form to (240) 747-3372 or return the form to one of our branch offices.

Place New Check Stop Payment Cancel Existing Check Stop Payment

Member Information

Member Name: _____ Account Number: _____

Phone Number: _____ Payee: _____

Date of Check: _____ Check # _____ Exact Amount: $_____

Check Series (if applicable) # _____ to # _____

Fee: $25.00 for each check stop payment request.

Member Signature: _____ Date: _____

If order is taken verbally: _____ / _____

LFCU Staff Member Date Time

Terms and Conditions

The account holder understands that Stop Payment requests cannot be placed on checks that have already been posted to their account.

The account holder also understands that it is necessary to provide the correct information related to the check transaction, and that failure to do so may result in the payment of the above check (s). The account holder agrees to hold harmless and indemnify Lafayette Federal Credit Union for all expenses, costs, and damages, including attorneys' fees and costs, incurred by the payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

As indicated above, a $25.00 fee will be assessed to the account holder as payment for implementing this order.

This form acknowledges the account holder's request to stop payment on a check or series of checks as indicated above. Stop payment requests made by telephone are valid for 14 days from the date of request. The credit union must receive a signed Check Stop Payment Request to extend the stop payment beyond the initial 14 days.