



Stop Payment Request—Checks

Stop Payment fee is \$25.00

Oral Request Written Request

Member Name: _____ Home Phone: _____
Address: _____ City, State, Zip: _____
Account #: _____

Type of Stop Payment (check one): Checking
 Home Equity Line of Credit (HELOC) Check
 Money Market Check

Stop Payment Order			
Date of check	Check number or series of numbers	Check amount	Payable to

Reason for Stop Payment: _____

If the request is received verbally, read the following to the member:

I hereby authorize NWFCU to stop payment on the check(s) described herein, unless, it has already been paid, certified or accepted it. I understand a first time stop payment order shall remain in effect until the earliest of the following occurs: a lapse of six months from the date of the stop payment order, payment of the check(s) has been stopped, or the stop payment order is withdrawn. Northwest Federal Credit Union (NWFCU) will not be liable for payment of the check(s) contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. NWFCU's liability shall not, in any event, exceed the amount of the check(s). I agree to reimburse NWFCU for any loss it sustains in honoring this request.

If a written request is required as determined by NWFCU, the written request is to be mailed to NWFCU at the following address: 200 Spring Street, Herndon, VA 20170, Attn.: Account Services Dept, or, emailed to AccountServices@nwfcu.org.

Member's Signature

Date

NWFCU Representative
(please print name)

Branch

Extension

Date