



Stop Payment Request—Checks

Stop Payment fee is \$25.00

Verbal Request (valid for 14 days) 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:

A written request is required by NWFCU to extend a verbal stop payment request beyond 14 days. The written stop payment request is required to be mailed to 200 Spring Street, Herndon, VA 20170-1229, Attn.: Account Services Dept. within 14 days after your verbal request.

I hereby authorize NWFCU to stop payment on the check(s) described herein unless it has already been paid, certified or accepted. I understand a first-time stop payment order shall remain in effect until the earliest of the following occurs: a lapse of 6 months from the date of the written stop payment order or 14 days from the date of the verbal stop payment order or the stop payment order is withdrawn. I understand 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 sustain in honoring this request.

Member's Signature

Date

NWFCU Representative
(please print name)

Branch

Extension

Date