

SHARONVIEW

FEDERAL CREDIT UNION

Please remember to keep a copy for your records.

STOP PAYMENT FOR CHECKING ACCOUNT

Post Office Box 2070
Fort Mill, SC 29716
704.969.6700 / 800.462.4421

Branch: _____

Member Name: _____

Date: _____

Member Number: _____

Checking Account Sub Number: _____

Draft (Check) Number: _____

Draft (Check) Amount: \$ _____

Draft (Check) Date: _____

Draft (Check) Made Payable to: _____

For Credit Union Use:	
Placed:	_____
Removed:	_____
Fee:	_____

Please stop payment on the check described hereon 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 to the left, unless it is previously cancelled or renewed in writing by me. Sharonview Federal Credit Union will not be liable for payment of the check contrary to this request unless payment is caused by Sharonview Federal Credit Union's negligence and cause actual loss to me. Sharonview Federal Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse Sharonview Federal Credit Union for any loss it sustains in honoring this request. I also agree to the fee to place this stop payment that is set forth in Sharonview Federal Credit Union's Fee Schedule.

Member Signature

Sharonview Employee Signature