



3720 Hamilton Boulevard / PO Box 4388 / Allentown, PA 18105-4388 / Phone: 610-820-0145 / Toll Free: 800-800-2311 / Fax: 610-435-4374 / www.lvecu.org

SHARE DRAFT STOP PAYMENT REQUEST

MAKER'S NAME: _____

ADDRESS: _____

PHONE: _____

Member # _____ Check # _____ Chk Amt. \$ _____ Check Date _____

Payee's Name: _____

In requesting you to stop payment of this item, the undersigned agrees to hold the Credit Union harmless for all expenses and costs incurred by the Credit Union on account of refusing payment thereof, and further agrees not to hold the Credit Union liable on account of payment contrary to this request if same occurred through inadvertence, accident, oversight, or if payment is made before the Credit Union has a reasonable time to process this request.

It is understood that this request is effective for only six (6) months from the date of its receipt by the Credit Union unless renewed in writing.

The undersigned authorizes the Credit Union to charge \$8.00 for expenses in handling this stop payment order or to charge \$12.00 for stopping payment on a series of checks (two or more in consecutive order constitutes a series). No fee will be assessed for lost or stolen checks.

An oral stop payment order is effective only for fourteen (14) calendar days unless confirmed in writing to the Credit Union.

NOTE: For lost/stolen checks, LVECU will place a permanent stop payment on the system to avoid these share drafts from ever trying to clear. If you do not wish to have a permanent stop placed on these checks, please inform the credit union employee at time of request.

Date: _____

Member's Signature: _____

CREDIT UNION USE ONLY

LVECU Employee Name & Date

Employee Name who placed online & Date

Letter Sent _____

Removed Stop _____ (R. 5/07)