



STOP PAYMENT ORDER

To place a stop payment on a check

- Call or visit any Credit Union office to insure the check has not cleared.
- Provide the check information orally to the Credit Union representative. **Oral Stop Payment Orders are binding for only 14 days.**
- Print and complete this form. Once finished, deliver a signed copy to the Credit Union within 14 days of your providing the oral stop payment order. **Written stop payment orders are only binding for six (6) months.**
- Please refer to the *Truth in Savings Disclosure* for the current fee
- **This Stop Payment Order is not valid unless you have received a copy showing that RTN Federal Credit Union has processed this order.**

STOP PAYMENT ORDER		Date Received	Time Received	AM PM
To: RTN Federal Credit Union 600 Main Street Waltham, MA 02452		From: (<i>Member Name</i>)		
Account Number	Check Number	Check Amount	Date of Check	
Payable to:		Reason for Stop Payment:		
Member Signature _____ Date _____				
Oral stop payment orders are binding on RTN Federal Credit Union for fourteen (14) days only unless confirmed by you in writing within that time period. Written stop payment orders are effective for six (6) months unless renewed by you in writing.				
<i>RTN Federal Credit Union use only</i>				
Order entered by:	Date entered:	Time entered:	AM PM	Fee: \$
<input type="checkbox"/> Oral request taken by: _____				