



## **Stop Payment Agreement**

*Stop Payment Fee: \$15.00*

**Member Name:** \_\_\_\_\_

**Member Account #:** \_\_\_\_\_

**Member Phone #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Draft #:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Draft Date:** \_\_\_\_\_

**Payable to:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Stop Payment Expiration Date:** \_\_\_\_\_

You may initiate an oral Stop Payment order; however, it will require a signature to remain in effect beyond the 14<sup>th</sup> calendar day of initiation. A written and signed Stop Payment order will remain in effect for six months and must be renewed in writing, by the member to stay in effect for additional periods of time. DVAFCU is not required to notify the members when a Stop Payment order expires (oral or written).

Exact information is vital to insure the order is properly executed. By signing below, you understand that if this order contains incorrect or incomplete information, DVAFCU will not be responsible for failing to stop payment on a specific draft, and you agree to hold DVAFCU harmless for said amount and for all expenses and costs incurred by refusing payment of such draft.

I have verified the information listed above is accurate and I accept the rules pertaining to this agreement.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

**DVA FCU Use Only**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Charged: \_\_\_\_\_ Waving of Fee Approved by: \_\_\_\_\_