



14985 Glazier Avenue
 Apple Valley, MN 55124
 (800) 692-2274

STOP PAYMENT REQUEST

Account Number _____

Name _____

**YOUR ACCOUNT WILL BE CHARGED \$ _____
 FOR THIS STOP PAYMENT REQUEST**

In compliance with your request, we have placed a stop payment order against your check(s) described hereon. An oral order is binding only for fourteen calendar days unless confirmed in writing within that period. A written order is effective for only six (6) months unless renewed in writing. (Uniform Commercial Code, Section 4-403). If you recover this check, please notify us so that we may remove this order from our records.

**PLEASE CONFIRM THIS STOP PAYMENT REQUEST
 BY SIGNING AND RETURNING THE TOP COPY ON
 OR BEFORE _____.**

CONFIRMED _____
Authorized Signature

DATE: _____

DATE REQUEST RECEIVED	TIME	BY
PAYMENT STOPPED ON CHECK NO(S)	DATED	AMOUNT \$
ISSUED TO	STOP PAYMENT EFFECTIVE AS OF	
REASON FOR STOP ORDER	DAYTIME PHONE ()	

Date Returned _____ Date Deleted _____

PLY 1 - WHITE
 CREDIT UNION COPY

PLY 2 - YELLOW
 MEMBER'S COPY

PLY 3 - PINK
 FILE COPY