

Check Stop Payment Form

FAX to (507) 455-8827

OR

EMAIL to fedecu@fedins.com



1929 S Cedar Ave • Owatonna, MN 55060
Ph: 507-455-5430 • www.fedecu.com

Date: _____ Member Account#: _____ FEE: **\$15.00**

Member Name: _____

Date of Check: _____ Check #: _____ Amount: \$ _____

Reason for Stop Payment: _____

I hereby request Federated Employees Credit Union to stop payment on the check described above. I understand that this request will be in effect for a period of six (6) months or until cancelled by me. I understand that for placing this stop payment request there is a **\$15.00** charge and my S8 account will be billed for this charge.

It is further understood that the credit union assumes no liability for any action it takes regarding the payment or non-payment of the above-described check. It is further understood that I agree to indemnify and hold the credit union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me. *Note: Stop payment Requests are processed only during business hours.*

And I also understand that I have given Federated Employees Credit Union enough notice to place the stop payment, at least three (3) business days before the scheduled transfer takes place.

Member is required to inform the Credit Union that a check was converted to an electronic payment.

Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone#: _____ Email Address: _____

----- **FOR CREDIT UNION USE ONLY** -----

I hereby revoke stop payment request of share draft described above.

Signature: _____ Date: _____

Date Received: _____ Completed by: _____

Comments: _____ ed. 9/23/09