

Check Stop Payment Form

FAX to (507) 446-4729
OR
E-MAIL to fedecu@fedins.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.*

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 #: _____		E-mail Address: _____	

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

<input type="checkbox"/> I hereby revoke stop payment request of share draft described above.	
Signature: _____	Date: _____

Date Received: _____	Completed by: _____
Comments: _____	