

BCBST EMPLOYEE CREDIT UNION

STOP PAYMENT REQUEST

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

DRAFT NUMBER: _____

AMOUNT: _____

DESCRIPTION OF PAYEE: _____

REASON: _____

I HEREBY REQUEST A STOP PAYMENT ORDER ON THE ABOVE DRAFT. I REALIZE THERE IS A \$12.00 FEE FOR THIS STOP PAYMENT ORDER TO BE DEBITED FROM MY SHARE DRAFT ACCOUNT.

THE UNDERSIGNED AGREES TO HOLD THE ABOVE CREDIT UNION HARMLESS FOR SAID AMOUNT AS WELL AS FOR ALL EXPENSES AND COSTS INCURRED BY SAID CREDIT UNION THROUGH REFUSING PAYMENT OF ABOVE DESCRIBED CHECK.

THIS ORDER MUST BE RENEWED EVERY 6 MONTHS

CUSTOMER SIGNATURE _____ DATE _____

INSTITUTION EMPLOYEE _____ DATE _____