



FEDERAL CREDIT UNION

PO Box 2070, Fort Mill, SC, 29716  
800.462.4421 • 704.969.6700  
sharonview.org

# Check Stop Payment Form

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Checking Account Sub: \_\_\_\_\_

Reason for Stop Payment: Lost  Stolen  Other  Request Type: Oral In Person

Check Number(s): \_\_\_\_\_ - \_\_\_\_\_

Check Made Payable to: \_\_\_\_\_ Check Amount \_\_\_\_\_

Date of Check \_\_\_\_\_

### Sharonview Federal Credit Union Stop Payment Agreement (Please read and sign)

Please stop payment on the check described hereon unless you have already paid, certified, or accepted it. I understand that this request will cease to be effective six months from the date shown, unless it is previously canceled or renewed in writing by me. Sharonview Federal Credit Union will not be liable for payment of the check contrary to this request unless payment is caused by Sharonview Federal Credit Union's negligence and cause actual loss to me. Sharonview Federal Credit union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse Sharonview Federal Credit union for any loss it sustains in honoring this request. I also agree to the **\$32 Stop Payment Fee** that is set forth in the Sharonview Federal Credit Union's Fee Schedule.

\_\_\_\_\_  
Member Signature Date

### For Credit Union Use:

Date Placed: \_\_\_\_\_

Date Removed: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Employee Name/Branch