



7905 Malcolm Rd. Suite 311 Clinton, MD 20735

OFFICIAL CHECK STOP PAYMENT REQUEST

To: U. S. Postal Service Federal Credit Union Date of Request: _____

Please endeavor to stop payment on the following official check:

Official check number: _____

Date of check: _____ Amount of check: _____

Payable to: _____

Reason for stopping payment: _____

Remitter's name: _____

Remitter's account number: _____

The rights and obligations of the parties in reference to this Stop Payment Request shall be determined by the provisions of the Uniform Commercial Code.

This Stop Payment Request shall be conclusively deemed to have been received too late to be effective if the Credit Union has certified, paid, irrevocably settled for or become accountable for the amount of the check as provided by law.

I understand my/our account will be charged a fee to process this Stop Payment Request in accordance with the Credit Union's fee schedule. I/We agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Remitter's Signature

Remitter's Phone Number

Remitter's Address, City, State & Zip Code

(For Credit Union Use Only) Received by U. S. Postal Service Federal Credit Union

Date: _____ Time: _____ By: _____