

STOP PAYMENT REQUEST

This stop payment request is binding upon LAHFCU only if it accurately states the exact information requested, and it is received by LAHFCU in sufficient time to give us reasonable opportunity to act upon it. If the request has been made within such time, and such specificity, it will be effective for six (6) months from the day it was received, unless it was renewed in writing. I agree to pay LAHFCU a stop payment fee and to indemnify and hold LAHFCU harmless from all expenses and costs, which occurs due to its compliance with this request.

ACH Dispute
 ACH Unauthorized
 ACH Stop Payment
 Stop Payment for Check

Account #: _____

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Transaction/Check Info

Date: _____ Amount: \$ _____

Payable to: _____ Check #: _____

Signature

Date

Credit Union Use Only	
Credit Union Staff:	Date
Comments:	