



Phone (718)266-2204 Fax (718) 266-1976

## CHECK STOP PAYMENT ORDER FORM

Customer Name:	Account Numb	oer:		
Stopped Check Number(s): Date(s) of Check(s):				
Payee (Payable To) Name:Attach additional page if necessary				
Reason for Stop Payment (X if application Other Reason:			Destroyed	_ _
Consumers Federal Credit Union will any information is later found to be in expire unless renewed in One year. Sh this order, you will have the burden to	correct, please notify u ould Consumers Feder	s immediatel al Credit Un	y. This stop payment ion pay the check(s) of	order will
You understand that Consumers Feder order on the above listed check(s) if the enable Consumers Federal Credit Unio otherwise not become accountable for	is order has not been ron, to refuse to accept,	eceived by u	s within a reasonable	time to
You agree to defend, indemnify and he check(s) and from all claims, damages Union, pursuant to Consumers Federa Consumers Federal Credit Union will it occurs through Consumers Federal Consumer	s, costs and attorney's f l Credit Union, refusal in no way be responsib	ees incurred to pay the ab le or liable fo	by Consumers Federa bove-described check( or payment of the check	al Credit (s). ck(s) unless
I verify I am an authorized signer on the payment fee(s) may be charged per the		nformation is	correct, and I underst	and [a] stop
Signature	Date			
Submit by fax (718) 266-1976, email	customerservice@co	<u>nsumersfcu</u>	org or mail to the fo	llowing:

Consumers Federal Credit Union Attn: Stop Payment 425 Neptune Avenue Brooklyn, NY 11224

Please call us at (718)266-2204 if you have any questions.

Retain a copy of this request for your records