

www.consumersfcu.org

CHECK STOP PAYMENT ORDER FORM

Customer Name:	Account Number:
Stopped Check Number(s):	Date(s) of Check(s):
Payee (Payable To) Name: Attach additional page if necessary	Amount of Check(s): \$ to provide complete information.
Reason for Stop Payment (X if applic Other Reason:	able) Checks Lost, Stolen, Destroyed
any information is later found to be in expire unless renewed in One year. Si	attempt to place a stop payment on the check(s) described above. I correct, please notify us immediately. This stop payment order will ould Consumers Federal Credit Union pay the check(s) contrary to establish that fact, and the amount of your loss.
order on the above listed check(s) if the	al Credit Union, is not lawfully required to honor this stop payment is order has not been received by us within a reasonable time to on, to refuse to accept, pay, post, settle or process the check(s) or to the check(s).
check(s) and from all claims, damage Union, pursuant to Consumers Federa Consumers Federal Credit Union will	old Consumers Federal Credit Union harmless for the amount of the costs and attorney's fees incurred by Consumers Federal Credit Credit Union, refusal to pay the above-described check(s). In no way be responsible or liable for payment of the check(s) unless Credit Union, lack of good faith or failure to exercise ordinary care
I verify I am an authorized signer on the payment fee(s) may be charged per the	is account, the above information is correct, and I understand [a] sto e account agreement.
Signature	Date
Submit by fax (718) 266-1976, email: customerservice@consumersfcu.org or mail to the following:	

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