



Cal State L.A.  
Federal Credit Union

## Stop Payment Confirmation

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

### Member Information:

Name:	Acct #:	
Home Phone:	Cell:	Work:

*Not to be used for Electronic Checks (ACH)*

### Check Information:

Check Number(s)	Dollar Amount:
Check Date:	Payee:
Reason for stop payment:	

**A fee will be assessed to the account holder as payment for implementing this order:**

**Fee Assessed:** \_\_\_\_ (Current fee \$29 per check or series. Fee schedule accurate as of 1/31/12, subject to change)

I hereby request that the Credit Union stop payment on the share draft referenced above. I understand that if I do not supply the Credit union with complete and accurate details regarding the check(s) I wish to stop, this stop payment order may not be effective. I agree that the Credit Union shall not be liable for payment of any debit in the event the information I provide on this form is, in any manner, not complete or accurate. **Verbal stop payment orders remain in effect for fourteen (14) days unless confirmed in writing. Written stop payment orders remain in effect for six (6) months.** I understand that if the same share draft is presented for payment after this stop payment order expires, the item will be honored. I agree to indemnify the Credit Union against any and all liability, loss, costs, damages, attorneys' fees, and other expenses, including, but not limited to, any amount the Credit Union is obligated to pay on the item that the Credit Union may sustain or incur as a consequence of honoring this stop payment order. The Credit Union will charge me a stop payment fee for each stop payment order I give.

I acknowledge receipt of a copy of this Stop Payment Confirmation Form and accept and agree to the terms hereof.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For financial institution use only:</b>	
Stop Placed by: _____	
Received via: _____ (phone, fax, in person)	
Date: _____	Time: _____