



# Stop Payment Request

AFL-CIO Employees Federal Credit Union  
1750 New York, N.W.  
Washington, DC 20006  
(202)661-7711 Fax (202) 661-7760

Amount of Check: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date of Check: \_\_\_\_\_

Account Name: \_\_\_\_\_

Check Number: \_\_\_\_\_

(Credit use only)

Account Number: \_\_\_\_\_

Received by: \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_

(or range of check numbers)

Payee: \_\_\_\_\_

Reason for Stop: \_\_\_\_\_

THE UNDERSIGN ACKNOWLEDGES THAT AFL-CIO EMPLOYEES FEDERAL CREDIT UNION("CU") WILL ACT ON THIS STOP PAYMENT ORDER BASED ON THE ACCOUNT AND CHECK NUMBERS PROVIDED, AND THAT CU WILL NOT BE RESPONSIBLE FOR PAYMENT OF THE CHECK INTENDED FOR STOP PAYMENT IF THE ACCOUNT NUMBER OR CHECK NUMBER PROVIDED ABOVE IS INCORRECT.

This Stop Payment Order is accepted by CU with the understanding that the undersigned hereby agrees to hold CU harmless for the amount of check and from all expense, cost, attorney's fees incurred by CU by reason of CU refusing payment of said check, and that CU will not be responsible or liable for payment of the check unless payment occurs through CU lack of good faith or failure to exercise ordinary care.

This Order will automatically expire six (6) months from date unless previously released or renewed in writing. Closing of the account upon which this check is drawn or transfer of same to another branch by the undersigned, shall automatically cancel this order. The undersigned agrees to pay CU's normal per request stop payment processing charge of \$25.00 which is levied directly to this account. CU may stop payment on this check after expiration of this Order, but is not obligated to do so.

Signature of Maker: \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_