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is aft to he	SEDIT UNION COPY
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STOP PAYMENT ORDER

UNTIL NEXT BUSINESS DAY

DER			SERVICE FEE WHICH WILL BE CHARGED TO DRAFT ACCOUNT				
	ORAL REQUEST						
	DATE						
ed to be valid)							
I cease to be effective in writing by me. The ayment is caused by the	e six months from Credit Union will he Credit Union's exceed the amoun	n the date sho not be liable f negligence an	ntified, or accepted it. I own below, unless it is for payment of the draft d causes actual loss to agree to reimburse the				
Reason							
Date of Request _							

MEMBERS SIGNATURE

DATE OF DRAFT				DRAFT NUMBER				AMOUNT OF DRAFT					PAYABLE TO (this block must be completed to be valid)			
PRAFT CCOUNT IUMBER														Please stop payment on the draft described above understand that this request will cease to be effe previously cancelled or renewed in writing by me contrary to this request unless payment is caused		
	PRINT MEMBER NAME AND ADDRESS BELOW										me. The Credit Union's liability shall not, in any ev Credit Union for any loss it sustains in honoring this					

STAFF EMP. # _

BS 2107 (9/98)