



Stop Payment Deletion Request

Account Number-Suffix: _____

Member's Name: _____

Company Name: _____

Draft Numbers To Be Deleted: _____ thru _____ (If Consecutive)

Date Stop Payment Was Placed: _____

Reason For Deletion: _____

Please Delete the Above STOP PAYMENT.

Member's
Signature, _____

Date Signed, _____

Note: Please sign this form and return it to the Credit Union immediately. This STOP PAYMENT will remain in effect until the Credit Union receives this signed form.

CREDIT UNION USE ONLY:

Submitted By: _____

Date Of Request: _____ Time: _____

Date Mailed: (If applicable) _____

Confirmation code: _____

Completed By: _____