



STOP PAYMENT REQUEST

Member Number: _____

Date: _____

Member Name: _____

Stop Type: Cheque# Cheque Amount Electronic Funds Transfer

Cheque Number : _____

Low Cheque #: _____

High Cheque #: _____

Cheque Amount: _____

Cheque Issue Date: _____

Cheque Payee: _____

Reason for Stop Payment: _____

Number of New Cheques Issued: _____

I/We hereby agree to be responsible for all expenses and/or costs incurred by the credit union through refusing payment of said cheque.

I/We acknowledge that this Stop Payment Order will be of no effect if the cheque has already been presented for payment at the time this order is given. Once a cheque has been honoured, no Stop Payment Order can be effective.

Member Signature

******* THIS SECTION TO BE COMPLETED WHEN STOP PAYMENT ORDER IS RELEASED******

Cheque Returned Stop Payment Date: _____ **or**

I/We hereby cancel the above stop payment order Date: _____

Member Signature

Authorized By

Please fax this Stop Payment Request to 1-204-954-9805