

OLIVE VIEW FEDERAL CREDIT UNION

SHARE DRAFT STOP PAYMENT FORM

Olive View FCU must receive your stop payment request a minimum of 3 days before the check attempts to post to your account. This stop payment request is good for 6 months. After 6 months, you must renew the stop payment order. A \$25 fee will be charged for this stop payment request.

ALL information MUST be completed (#: 1 - 9)
In order for Olive View FCU to process this stop payment request.

Fax back to: (818)362-3467

1. Date of request:

2. Member's Name:

3. Account Number:

4. Daytime Phone Number:

SHARE DRAFT Stop Payment Request
(you MUST be Specific and Complete)

5. Check is payable to:

6. Check Number: _____ or Check Range #: _____ to #: _____

7. Exact Amount: \$ _____ (must be exact amount for the check to be stopped)

8. Reason for Stop Payment: _____

This form acknowledges members' request to stop a payment on the check or range of checks shown above.

Unless: (1) All information is completed. (2) Member's signature appears below. (3) \$25.00 fee is available in the account; the request shall NOT be binding on Olive View FCU.

9. Member's Signature _____ Date _____

- Fee posted: Y / N
- Payment Stopped Date: _____
- Teller Initials: _____

