

# Share Draft Stop Payment



SF Fire Credit Union

Member Name	Member Number	Date
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Reason		The stop payment is hereby cancelled.
Check Number(s)		
Check Date		
Dollar Amount		
Payee		Member Signature
Signer of Check		Date
Fee	\$15	

I hereby direct you to stop payment of the check drawn by me. I understand that this Order to Stop Payment shall not apply to any share draft or check certified by you on my behalf, or any other item issued by you on my behalf.

I understand that I must supply you with the exact information of the issued check.

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

*For Credit Union Use Only*

Operator #	Date	Approved By	Date
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