



Share Draft Stop Payment

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 below must be completed in order to stop payment to be processed.

YOUR INFORMATION

Your Full Name _____
First Middle Last

Account # _____ Phone Number _____

CHECK INFORMATION

Check is Payable To: _____

Date of Transaction: _____

Check Number: _____ or Check Range Number: _____ to _____

Exact Amount (Must be an exact match): \$ _____

Reason for Stop Payment: _____

SIGNATURE

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.

Member's Signature

Date

*****FOR CREDIT UNION USE ONLY*****

Employee Initials: _____

Fee Posted: Y / N

Payment Stop Date: _____