



Phone: 703.914.8700 / 540.986.0652  
Fax: 703.245.0540  
infirstfcu.org

# Check Stop Payment Form

Please complete the information below to ensure that the credit union will be able to stop payment on the check(s) indicated below. The stop payment fee is \$30.00 and will be debited from your account at the time that this request is processed. If you do not have sufficient funds available when we receive the form, we will be unable to process your Check Stop Payment request. Please allow up to 24 hours, or one business day, for the credit union to process this request. Once this form has been completed, please fax the form to **703.245.0540**.

Date of Request: \_\_\_\_\_ Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_  
\_\_\_\_\_

(Series) Low Check Number: \_\_\_\_\_ High Check Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount of Check (optional): \_\_\_\_\_

Payable to (optional): \_\_\_\_\_

I understand that the stop payment is valid for 180 days (6 months) and that a \$30 fee will be debited from my account upon receipt of this request.

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

<p><b><u>Office Use Only:</u></b></p> <p>Date Received: _____</p> <p>Date Stop Payment Placed: _____</p> <p>Initials: _____</p>
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