



**Stop Payment Authorization (Check)**

255 N. Lone Hill Ave. San Dimas, CA 91773

800.347.CCCU • F:626.915.2210 • info@myCCCU.com • myCCCU.com

**Member Information**

Member Name		Date of Request	
Street			
City		State	Zip Code
Charge Account Number		Suffix	
Daytime Phone Number		Cell Phone Number	

A \$30 Stop payment fee will be charged to the account listed above.

Draft number		Dated	Duplicate Issued (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount		Reason	
Payee			

**Signature**

If you should recover this check, please instruct us to cancel this order by submitting a signed written request. You may fax your request to 626-915-2210.

This confirmation is our record of your Stop Payment order and represents our understanding of the order. ORAL Stop Payment orders are effective for 14 CALENDAR DAYS only unless extended in writing within this period. If you wish to stop payment for a longer period, you must sign and return the original Stop Payment order copy. A written Stop Payment order signed by a depositor will be effective for 6 MONTHS, but may be renewed in writing.

The undersigned hereby agrees to hold the Association harmless for all expenses and costs incurred by the Association on account of refusing payment of said draft and agrees not to hold the Association liable on account of payment contrary to this request if same occurs through inadvertence, accident or oversight. Any Account Holder(s) of this account may stop payment of any item drawn against this account. The Stop Payment Order must describe the item with reasonable certainty and must be received in such time and manner as to afford the Credit Union a reasonable opportunity to act upon it.

Member Signature  
X

Date

**You may fax your request to 626.915.2210**

**For Credit Union Use Only**

Issued by:

Date:

Entered by:

Date