



CHECKING (SHARE DRAFT) ACCOUNT

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Member Name (Please Print) Member # (s)

SS#/TIN Email Address

Home Phone # () Work Phone # ()

REQUEST FOR A STOP PAYMENT

A \$25.00 FEE will be applied if check (draft) is presented for payment.

Date of Check (Draft): Check (Draft) #:

Amount of Check (Draft): \$ Payable To:

Please stop payment on the check (draft) described above, unless you have already paid, certified or accepted it. I understand that this written request will cease to be effective six months from the date shown on the receipt. The credit union will not be liable for payment of the check (draft) contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to me. The credit union's liability shall not, in any event, exceed the amount of the check (draft). I agree to reimburse the credit union for any loss it sustains in honoring this request.

Signature: Date:

REQUEST FOR CHECK (DRAFT) COPY

Credit Union will receive the copy - \$5.00 fee.

Please choose one:

I will pick up copy at the Roselle Park Office

Please mail copy to my account address

Please complete:

Check (Draft) #: (a) (b) (c) (d)

Date of Check: (a) (b) (c) (d)

I hereby request a copy of the check (draft) indicated above. I authorize the fee to be debited from my checking (share draft) account.

Signature: Date:

TO BE COMPLETED BY CREDIT UNION

Tracer #: (a) (b) (c) (d)

Date Cleared: (a) (b) (c) (d)

