



*Pacific Advantage*  
Federal Credit Union

# STOP PAYMENT ORDER

Service Fee : \$10.00

DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK	PAYABLE TO:
	DATE OF TRANSFER	AMOUNT OF TRANSFER	
CHECK ACCOUNT NUMBER			

## MEMBER NAME AND ADDRESS

Please stop payment on the check or preauthorized transfer described above unless you already paid or accepted it for payment. I understand that this request will cease to be effective six months from the date shown below, unless it is previously cancelled or renewed in writing by me. The Credit Union will not be liable for payment of the check or preauthorized transfer 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 or preauthorized transfer. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Member Signature