

# SHARE DRAFT STOP PAYMENT

Effective Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Member Name: \_\_\_\_\_

Day-Time Phone #: \_\_\_\_\_

Check(s) #: \_\_\_\_\_ for \$ \_\_\_\_\_

Reason LOST / STOLEN / OTHER:

\_\_\_\_\_

In requesting the Credit Union to stop payment of this or any other item, the undersigned agrees to hold the Credit Union harmless for all expenses and costs incurred by refusing payment of said item. This request shall automatically expire not more than six months from the effective date unless revoked, released or extended for additional periods of not more than six months.

\_\_\_\_\_  
(Member Signature)

\_\_\_\_\_  
(Date)

**This form must be signed and returned to the Credit Union within 14 days. If no signature is received the stop payment will be lifted.**

Conservation Employees' Credit Union  
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