

Stop Payment Request

Member Number _____ Member First Name _____ Member Last Name _____

Address _____

City _____ State _____ ZIP _____

Account Number _____

Check Number _____ Check Amount _____

Payable To _____

A service fee will be charged to checking.

Please stop payment on the check described above unless you have already paid, certified or accepted it. 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 contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union liability shall not in any event exceed the amount of the check. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Signature _____ Date _____

IF NOT SIGNING ELECTRONICALLY, PLEASE RETURN THIS FORM FOR PROCESSING:

By Fax: 310.640.0727
Attention: Operations

By Mail:
Xceed Financial Federal Credit Union
Attention: Operations
888 North Nash Street
El Segundo, CA 90245

CREDIT UNION USE ONLY

Received By _____ Date _____

Signature _____

Approved By _____ Date _____

Signature _____