



Corporate Check Stop Payment

Date: _____

Enter Date of Check: _____

Enter Name of Payee: _____

I _____ request that a stop payment be placed on Corporate Check number _____ drawn on CBC Federal Credit Union, in the amount of _____
I am the lawful owner of this instrument and it has been lost, stolen or not used for its intended purpose.

I understand that I am solely responsible for any loss, claim, judgment, cost attorney's fees and expenses which could result from placing this stop payment order on the instrument described.

Member's Signature

Printed Member's Name

Account Number

***The stop payment order will be placed today and your account will be credited in three business days provided that this instrument is not presented for payment by the rightful payee before that time.

*** Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is effective for only 14 days unless confirmed in writing within that period.