



Local Union 392 Federal Credit Union

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Cincinnati, OH 45202

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STOP PAYMENT ORDER

CHECK #:

DATE OF CHECK:

AMOUNT OF CHECK: \$

PAYABLE TO:

ACCOUNT #:

MEMBER NAME:

ADDRESS:

Please stop payment on the check 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 below and, an oral request will cease to be effective seven (7) days 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 an actual loss to me. The Credit Union's 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 stop payment.

This check was issued on my behalf and at my request by Local Union 392 Federal Credit Union. I have not received any benefit from this check. To my knowledge, this check has not been cashed, and is either lost or destroyed or now stale dated and is no longer valid.

I understand that the Credit Union assumes no liability or responsibility for any future claim regarding this check. I agree to reimburse the Credit Union for any loss or claim should any loss or claim occur.

The Credit Union is, at my request, issuing a replacement check or crediting my account with the funds from this check.

DATE SIGNED

SIGNATURE OF MEMBER

DATE & TIME

CREDIT UNION EMPLOYEE

OFFICE USE ONLY:

Replacement check issued: Check # _____ Date: _____ Amount: _____

Payable to: _____

Credited to the Account: Account # _____ Date: _____ Amount: \$ _____