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STOP PAYMENT REQUEST

Teller Check / PAT Check / Money Order

Member (or Shared Branch Member) Name:	Date of Stop Request:
Member (or Shared Branch Member) #:	Daytime Phone #:
Payable To:	Amount:
Date Issued/Requested:	Check #:
Reason for Stop Payment:	Circle One: Teller / PAT / Money Order
Action Requested (circle one): Check Reissued to Payee / Check Issued to Member / Deposit Back to Member Account	
CU Name (FOR SHARED BRANCH TRANSACTIONS ONLY):	

In asking this courtesy the undersigned agrees to hold SSFCU harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold SSFCU liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount written above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly. Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing.

Member Initials: _____

Fee Information: There is an **\$20.00** fee for this stop payment. A Stop Payment Fee will apply to each Stop Payment Request that is processed. The fee will be charged to the Share Draft or Regular Share depending on which account the check or money order was originally drawn on.

Member Initials: _____

Written Requirement: If you notify the credit union by telephone, you must also complete and sign the written form and return it to the credit union within 14 days or the Stop Payment Order will no longer be valid.

Member Signature: _____

Date: _____

STOP PAYMENT RELEASE

I hereby release the Stop Payment Request described above. *(Release must be signed by the same authorizing member of original Stop Payment Request).*

Member Signature: _____

Date: _____

Request Received: ____/____/_____ <input type="checkbox"/> Branch <input type="checkbox"/> Mail <input type="checkbox"/> Telephone Disclosed written order due to credit union by: ____/____/_____ 	Give to MANAGER to report to Alloya: Date Placed with Alloya: _____ Alloya Rep: _____ Confirmation: _____ CU Initials: _____ Credit Mbr (ES) CAN: _____ Fee (FO) CAN: _____ <i>If New Check Issued</i> , CAN #: _____ Check #: _____
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ACCOUNTING USE ONLY:	Date : ____/____/_____	By: _____	CAN#: _____
	745002 D _____	Desc: STOPPAY CK# MBR LAST NAME	
	873300 C _____	Desc: STOPPAY CK# MBR LAST NAME	
	Corporate Account# _____		