

Check Stop Payment Form

FAX TO (602) 383-1201



Date: _____ Member Account #: _____

FEE: \$35.00

Member Name: _____

Check Date: _____ Check #: _____ Amount: \$ _____

Reason for Stop Payment: _____

Payable To: _____

I hereby request MariSol Federal Credit Union to stop payment on the check described above. I understand that this request will be in effect for a period of six (6) months or until cancelled by me. I understand that for placing this stop payment request there is a **\$35.00** charge and my account will be billed for this charge.

It is further understood that the credit union assumes no liability for any action it takes regarding the payment or non-payment of the above-described check. It is further understood that I hold the credit union harmless of any liability for any action it takes regarding the payment or non-payment of the above-described item, which would also include any legal action as a result of a stop payment request.

And I also understand, that I have given MariSol Federal Credit Union enough notice to place the stop payment, at least three (3) business before the scheduled transfer takes place.

Member is required to inform the credit union that a check was converted to an electronic payment.

Signature: _____ Daytime Phone #: _____

Address: _____ City: _____ ST: _____ Zip: _____

----- FOR CREDIT UNION USE ONLY -----

☐ I hereby revoke stop payment request of check described above.

Signature: _____ Date: _____

Date Received: _____

Date Completed: _____

Received By: _____

Completed By: _____