

BETHLEHEM 1ST FEDERAL CREDIT UNION

**Stop Payment Request
Personal Check**

Member's Name: _____

Account #: _____

MICR Number: _____

Check Number: _____

Amount of Check: _____

Date of Check: _____

Name of Payee: _____

Purpose of Stop Payment Request: _____

Please stop payment on the check described above, unless you have already paid or accepted it. I understand this request will cease to be effective six months from the date shown below, unless 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's liability shall not exceed the amount of the check in any event. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

I hereby acknowledge that a \$25 processing charge will be applied to my account for each Stop Payment.

Signature: _____ Date: _____