



BAY CITIES CREDIT UNION

CHECKING STOP PAYMENT FORM

You may use this form to stop payment on a check, unless it has already been cashed or accepted. A \$20 service fee per check or group of consecutive checks will be assessed against your account for this service.

Complete only the applicable portions of the form, and then **fax to us at 510-630-6442 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

MEMBER NAME _____

MEMBER NUMBER _____

DATE _____

Please stop payment on the following item(s):

- Check Number/Range _____ - _____ Date of Check _____
 Amount of Check _____ Payable to _____
- Check Number/Range _____ - _____ Date of Check _____
 Amount of Check _____ Payable to _____
- Check Number/Range _____ - _____ Date of Check _____
 Amount of Check _____ Payable to _____
- Check Number/Range _____ - _____ Date of Check _____
 Amount of Check _____ Payable to _____

Please stop payment on the check(s) described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below. The Credit Union will not be liable for payment of the check or preauthorized transfer contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

MEMBER SIGNATURE _____

MEMBER NUMBER _____

DATE _____

EMPLOYEE SIGNATURE _____

DATE RECEIVED _____