

FAX TO: 847-670-0401 ATTENTION: STOP PAYMENT DEPARTMENT

(PLEASE PRINT)

FOR CREDIT UNION USE ONLY:

DATE

Date:

Attach a copy of the computer screen and have supervisor initial stop payment form.

TELLER_

Approved By:

STOP PAYMENT FORM

Date of Initial Reque	est:Mem	ber #		
Member Name				Stop Payment Fee \$20.00
				For a range of Checks \$30.00
City State Zip:				-
Home phone number	er: ()V	Vork phone number	: (
STOP PAYMENT (Please copy the informa	CHECK) Ition exactly from the MICR Line, Exam		Account #	Check# 0456
	Withdrawal Check GL# 744.82 Check GL# 744.810		To Check# __	
Date Issued:	Payable to:		Chec	k Amount
METRO Account# Expected Transaction Date Company ID:	[] CI	necking Suffix 80 necking Suffix 81	[] Deposit	Amount
draft ("item") describe correct. I understand to Federal Credit Union. 2. Stop Payment Order Credit Union: (1) with days before the sched Credit Union's verific ment Order will be effing from time to time. this order or upon rett. 3. Indemnification. I ag the Credit Union's act	that the EXACT information on the item is the incorrect amount or any other incorrect. I agree METRO Federal Credit Union whim a reasonable time for the Credit Union uled date of the preauthorized EFT or AC action that the Item has not already been prective as follows: A written Stop Payme I also agree to notify METRO Federal ourn of the original Item. I agree to pay ME tree to indemnify and hold harmless from	on, including the date or ex s necessary for METRO F ct information, the Credit L vill not be responsible for s to act on my order prior to H draft. I understand that n aid or that some other action to Order will be effective for Credit Union promptly upoo ETRO Federal Credit Union all costs, including attorneding claims of any joint over the credit of the costs.	spected transfer date, its exa- dederal Credit Union's comp Juion will not be responsible topping payment unless my of a final payment or similar in my stop payment request is come to pay the Item has not be our 12 months. A written Storn the issuance of any duplic in a stop payment fee for each y's fees, (to the extent permaner, payee, or endorsee, or	ct amount, the check number and payee are uter to identify the item. If I give METRO e for failing to stop payment on the item. Stop Payment Order is received by the action; or (2) at least three (3) business conditional and subject to METRO Federal en taken. I understand that my Stop Payp Payment Order may be renewed in writate Item which replaces the Item subject to h request as set forth above. itted by law) damage or claims related to in failing to stop payment of an Item as a
Member Signature:	Y	Dotor		Stop Payment Fee of
Member Signature: X Date:				\$
	corporate stop paymont			was deducted from your account.

METRO FEDERAL CREDIT UNION 2440 E. Rand Road Arlington Heights IL 60004 Main (847) 670-0456 Fax (847) 670-0401