



STOP PAYMENT REQUEST (Personal Checks)

Form must contain all information, your signature and date for request to be processed. If you have any question, please contact Member Services at 202.623.3363.

FULL NAME _____ ACCOUNT NUMBER _____

CHECK NUMBER _____ DATE OF CHECK _____

AMOUNT OF CHECK _____ PAYABLE TO _____

REASON FOR STOPPING PAYMENT _____

Please stop payment on the check 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, 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 authorize IDB-IIC Federal Credit Union to process this stop payment and apply the service fee, which will be charged to my checking account. For fees, please refer to the schedule of fees.

SIGNATURE (Please Enter Your Full Name) _____

DATE _____

INTERNAL

STOP PAYMENT VERIFICATION _____

STOP ACCEPTED BY _____

APPROVED BY _____