



2998 Chili Avenue Rochester, NY 14624
 585-247-0724 Fax 585-247-0729
 www.spxfcu.org

Stop Payment Form – Member Checks

PLEASE NOTE: MEMBER SIGNATURE IS REQUIRED IN ORDER TO PROCESS***

Account Number _____ Date _____

Name _____ Transaction Processed By _____

Address _____ Phone _____

Payee _____

Draft Number(s) _____ **(must be exact draft #)**

Date of Draft _____

Amount of Draft _____

PLEASE NOTE: It is understood that SPXFCU assumes no liability for any action it takes regarding the payment or non-payment of the above-mentioned item. It is further understood that this stop payment will not be effective for one (1) full business day from the date the order is placed, and that there is a charge for processing this stop payment(s).

Member's name giving verbal request _____

Member's Signature of Authorization _____

STOP PAYMENT FEE - \$26.00 per ITEM

For Credit Union Use Only:

Method of Payment:	Identification Verified:	Processed By:
Cash	In Person	Initial
Account#	By Phone	Date