



2218 Walbert Avenue · Allentown, PA 18104 · Phone: 610-435-7575 · Fax: 610-435-2910

## SHARE DRAFT STOP PAYMENT REQUEST

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Member's # 1180 \_\_\_\_\_ Check # \_\_\_\_\_ Check Amt. \$ \_\_\_\_\_ Check Date \_\_\_\_\_

Payee's Name: \_\_\_\_\_

In requesting you to stop payment of this item, the undersigned agrees to hold Lehigh Valley Federal Credit Union harmless for all expenses and costs incurred by the Credit Union on account of refusing payment thereof, and further agree not to hold the Credit Union liable on account of payment contrary to this request if same occurred through inadvertence, accident, oversight, or if payment is made before the Credit Union has a reasonable time to process this request.

It is understood that this request is effective for only six (6) months from the date of its receipt by the Credit Union unless renewed in writing.

The undersigned authorizes the Credit Union to charge \$15.00 for expenses in handling this stop payment order.

**An oral stop payment order is effective only for fourteen (14) calendar days unless confirmed in writing to the Credit Union.**

**NOTE:** For lost/stolen checks, LVFCU will place a permanent stop payment on the system to avoid these share drafts from ever trying to clear. If you do not wish to have a permanent stop placed on these checks, please inform a Member Service Representative at time of request.

Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

**CREDIT UNION USE ONLY**

\_\_\_\_\_  
MSR Signature

\_\_\_\_\_  
Date