



109 N TEMPLE~DIBOLL, TX 75941~936/829-1616~877/829-1616~FAX 936/829-1122

STOP PAYMENT FORM

PLEASE STOP PAYMENT ON THE CHECK DESCRIBED BELOW, UNLESS YOU HAVE ALREADY PAID, CERTIFIED OR ACCEPTED IT. I UNDERSTAND THAT THIS REQUEST WILL CEASE TO BE EFFECTIVE SIX MONTHS FROM THE DATE SIGNED BELOW, UNLESS IT IS 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, IN ANY EVENT, EXCEED THE AMOUNT OF THE CHECK. I AGREE TO REIMBURSE THE CREDIT UNION FOR ANY LOSS IT SUSTAINS IN HONORING THIS REQUEST.

\$25 SERVICE FEE WILL BE DEDUCTED FROM YOUR SAVINGS ACCOUNT
\$20 SERVICE FEE WILL BE DEDUCTED FROM YOUR CHECKING ACCOUNT

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SAVINGS ACCOUNT NUMBER _____

CHECKING ACCOUNT NUMBER _____

DATE OF CHECK _____ CHECK NUMBER _____

AMOUNT OF CHECK _____ PAYABLE TO _____

PLEASE SIGN AND DATE

SIGNATURE _____ DATE _____