



Educational & Governmental
EMPLOYEES FEDERAL CREDIT UNION

Hartsdale Branch
333 N. Central Ave.
Hartsdale, NY 10530
Tel: (914) 946-6200
Fax: (914) 946-2910

Mt. Vernon Branch
22 W. 1st. St.
Mt. Vernon, NY 10550
Tel: (914) 664-2646
Fax: (914) 664-7991

Stop-Payment Request

Check # _____ Dated _____ Payable to _____ Amt \$ _____

In order to be effective, the stop payment order must be received in time to give us a reasonable opportunity to act on it, and should accurately identify the number, date, and amount of the item, and the payee.

Reason for stop payment _____

Member's Name _____ Member Account Number _____

*This institution and the undersigned hereby agree to abide by the rules and regulations governing stop payment orders and understand that there is a fee of \$20 for each stop payment order. Oral stop payment orders, by phone or otherwise, are binding for **only 14 calendar days**. A signed Stop Payment Order is required to confirm and keep it in force for 6 months from the date accepted. All confirmed stop payments automatically expire after that period unless renewed in writing.*

Signature: _____ Dated _____

Teller Initials: _____

Credit Union Copy-Please send This Signed Portion to the Credit Union



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Member Copy-Please Retain This Portion for Your Records