

NAME  
ACCOUNT NO.

# STOP PAYMENT ORDER

\_\_\_\_\_  
Credit Union Limited

\_\_\_\_\_, 20\_\_\_\_  
Time Lodged

Please stop payment of negotiable order No. \_\_\_\_\_,

Dated \_\_\_\_\_, 20\_\_\_\_, for \$ \_\_\_\_\_, issued by

me/us to \_\_\_\_\_

for the following reason: \_\_\_\_\_

I/We hereby agree to hold you harmless for said amount, as well as for all expenses and costs incurred by you through refusing payment of said negotiable order, and further agree to hold you free of all liability should payment be made contrary to this request, if such payment occur through inadvertence or accident.

\_\_\_\_\_  
RECEIVED BY (STAFF)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ENTERED BY (STAFF)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
MEMBERSHIP NUMBER