



STOP PAYMENT FORM

TRANSACTION TYPE

- ☐ ACH or ELECTRONIC CHECK (check truncated at the point-of-sale or at merchant site)
☐ CHECK

ITEM DESCRIPTION

ACCOUNT NUMBER_____

ACCOUNT NAME_____

PHONE #_____

PAYABLE TO_____

CHECK NUMBER_____

CHECK DATE_____

AMOUNT OF STOP PAYMENT_____

REASON FOR STOP PAYMENT_____

In asking this courtesy the undersigned agrees to hold MSCU harmless for the said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agree not to hold said institution liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount entered above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly.

Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is effective for only 14 days unless confirmed in writing that period

Signature Date

- ☐ I understand I will be charged a \$25.00 fee for this request