aea Federal Credit Union

aeafcu.org | 928.783.8881

Draft Stop Payment Request

PRIMARY MEMBER INFORMATION

First Name: _____ Last Name: _____

Member Number: _____ Share ID: _____

CHECK INFORMATION

Date of Draft: _____ Draft Number(s): _____

Amount of Draft: _____

Reason for Stop: _____

_____

Member Signature: _____ Date: _____

PLEASE READ TERMS AND CONDITIONS BEFORE SIGNING

I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I further understand that my Stop Payment Request is effective for a period of six (6) months from the date of this request unless I withdraw this request or renew the request in writing for additional periods. I understand that a stop payment fee will be incurred for each individual item listed above and for any renewal(s) to the above stop payments. I also agree to notify the Credit Union promptly upon the issuance of any duplicate items that replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS. I FURTHER DEPOSE AND CERTIFY THAT THE TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME AND THAT THE SIGNATURE ABOVE IS MY OWN PROPER SIGNATURE. I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

FOR CREDIT UNION USE ONLY

AEA FCU Employee Signature: _____ ***KeyStone User ID:*** _____

If completing this form outside of KeyStone, scan the completed document to FastDocs.