



411 Theodore Fremd Avenue, Suite 350  
Rye, NY 10580-1426

## Check Stop Payment Request

It is understood and agreed that USALLIANCE Financial "Credit Union" will be held harmless from any action in equity or suit as a result of these instruction, and that the Credit Union will be indemnified for any and all expenses incurred.

Verbal orders—If this order is not signed by the party ordering the stop payment, it's binding on the Credit Union only for 14 calendar days or confirmed in writing within 14 calendar days.

Written orders—This order will become ineffective 6 months from the date above unless released prior to 6 months or renewed in writing within 6 months.

Please complete the below information regarding the check(s) you wish to stop. A stop payment order is effective only against the check number(s) noted. Please sign and mail this request to the EFT Department at the above address, or fax to (914) 881-3465.

Checking Account Number: \_\_\_\_\_

Check Number(s): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Payee: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## FOR USALLIANCE USE ONLY

Date received: \_\_\_\_\_ Maintenance by: \_\_\_\_\_