



STOP PAYMENT ORDER

Account # _____

Check Number(s): _____ - _____

Amount \$ _____

Check Date: _____

Payable To: _____

Reason: _____

There is a \$20.00 stop payment fee per order. This will be debited at the time the stop payment is requested.

Please stop payment on the draft or preauthorized transfer described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below, but lapses after 14 calendar days if the original order was oral and was not confirmed in writing within that 14 day period. The Credit Union will not be liable for payment of the check or preauthorized transfer contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Signature

Date

Note: Your completed Stop Payment Order can be mailed to:

SeaWest Coast Guard FCU
P.O. Box 4949
Oakland, CA 94605

Or, faxed to:

510-434-6001

To be completed by the Credit Union

Date Request Received _____

Signature _____