



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 1109

Glendale, CA 91206

Phone (818) 246 - 7241

email: operations@sdacreditunion.com

STOP PAYMENT REQUEST

Account Holder Name: _____

Account Number: _____

Check Number: _____

Check Amount: _____

Date of Issuance: _____

Name of Payee: _____

Reason: _____

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day time period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

_____ (Account Holder Initial Here)

A Fee will be assessed to the account holder as payment for implementing this order:

Fee Assessed \$ _____

This form acknowledges that account holder's request to stop payment on pre-authorized electronics fund transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by the account holder or any person acting in concert with the account holder, and that the signature below is the account holder's own proper signature.

Signature

Date

For Credit Union Use Only:

Instructions received by : _____ Date: _____ Time: _____