



STOP PAYMENT CANCELLATION

MEMBER NAME: _____ MEMBER NUMBER: _____

DRAFT ID: _____

I request that the Stop Payment placed on the following item(s) be cancelled.

Check Number _____

Check Number _____

Check Number _____

Company ID _____

OFI/R/T _____

Company ID _____

OFI/R/T _____

Company ID _____

OFI/R/T _____

Reason: _____

Member's Signature

Date

BRANCH ID – TELLER ID _____