

20th Century Fox Federal Credit Union

STOP PAYMENT REQUEST– CREDIT UNION CHECK (Service fee is \$20.00)

Name:			
Account Number:			
I request that the Cre	edit Union:		
Place a stop pa	yment order on check nu	ımber	
Reason for the Stop I	Payment:		
Lost	Stolen	Destroyed	
Payable to			
Dated	Amount		
Credit Union to stop payment paying the check. I agree to h payment of attorney's fees tha refusal to pay this check.	nion may be unable to stop pa may not be effective; in whice old the Credit Union harmles	nyment on this check and that my not be case the Credit Union will not be sometimes from liability, costs, expenses, and of the stop payment or the Credit	e liable for nd the
X Signature		Date	