



## **CHECK STOP PAYMENT FORM**

### **FEE \$32.00**

Check stop payment requests received after 3:30 p.m. may not be stopped until the following business day. All check stop payment requests must be filled out completely and signed by the member. It is the members responsibility to call FFCU to confirm receipt of faxed check stop payment requests.

MEMBER NAME \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CHECK # \_\_\_\_\_ DATE WRITTEN \_\_\_\_\_

PAYEE \_\_\_\_\_

AMOUNT \_\_\_\_\_

REASON \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

DATE AND SERVICE CHARGE AMOUNT \_\_\_\_\_

**SOUTH OFFICE**  
**404-768-4980**  
**404-768-5496**  
**(FAX)**

**NORTH OFFICE**  
**770-667-8114**  
**770-667-8329**  
**(FAX)**