

**FedStar Federal Credit Union**  
5005 Melrose Avenue NW  
Roanoke, VA 24017-2339  
Fax to: (540) 986-0412

For Office Use Only:  
Received by \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
 Received Orally  
 Received Written  
 6 Month Renewal

**Fees: Single Draft or Consecutive Series - \$25**

This represents a service fee which will be charged to your account.

**STOP PAYMENT ORDER**

Draft Date	Draft Number	Draft Amount	Draft Was Payable To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Stop Payment:

Full Share Draft Number Including Check Digit

0	0	0	0	0					
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I request that the Credit Union stop payment on the share draft , check, pre-authorized electronic funds transfer (EFT), or ACH draft described above. I certify that each of the above entries are correct. I understand that if I give incorrect information to the Credit Union, the Credit Union will not be liable for failing to stop payment on the item. I agree that the Credit Union will not be responsible for items presented before receipt of this duly authorized and completed Stop Payment Order and that said form must be presented and received by the Credit Union not less than three hours before presentment of the above listed item(s). Further, I understand this stop payment request is subject to verification that the item has not already been paid or that some other action has not been taken to pay the item. I understand my oral stop payment will expire after 14 (fourteen) calendar days unless confirmed in writing during those 14 days; a written stop payment order will expire after six (6) months; a written stop payment order may be renewed by me from time to time. I agree to notify the Credit Union if the above item is returned to me. I agree to pay the Credit Union a stop payment fee as set forth above. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law), damages or claims regarding this stop payment item.

PRINTED NAME OF MEMBER	SIGNATURE OF MEMBER	DATE SIGNED
<input type="text"/>	<input type="text"/>	<input type="text"/>

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