

STOP PAYMENT REQUEST

11233 Lockwood Drive
 Silver Spring, Maryland 20901
 301-881-5626 / Fax: 301-770-5490
 ContactUs@FedFinancial.org

Account Name _____ Account # _____ Fee _____

Accepted By _____		
Request Received <input type="checkbox"/> Written <input type="checkbox"/> Oral (Automatically expires after 14 days) Accepted _____, _____ Time _____ M. <input type="checkbox"/> Check <input type="checkbox"/> Single Preauthorized Electronic Fund Transfer <input type="checkbox"/> Recurring Preauthorized Electronic Fund Transfer		
Check Number	Date of Check	Payable To
Amount	Reason for Stop Payment	
Other Information		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>You hereby revoke authorization of the Preauthorized Electronic Fund Transfer payable to this Payee.</p> <p>MEMBER'S AUTHORIZED SIGNATURE</p> <p>_____</p> </div> <div style="width: 50%; font-size: small;"> <p>In asking that FedFinancial Federal Credit Union ("Credit Union") stop payment on this item, the undersigned agrees to indemnify and hold the Credit Union harmless for said amount and for all expenses and costs, including a reasonable attorney's fee, incurred by it on account of refusing payment of said item, and further AGREES NOT TO HOLD THE SAID CREDIT UNION LIABLE ON ACCOUNT OF PAYMENT CONTRARY TO THIS REQUEST IF MADE THROUGH INADVERTENCE OR ACCIDENT, or by reason of such insufficient funds. If a duplicate check is issued or if the original check is returned, the undersigned agrees to NOTIFY THE CREDIT UNION PROMPTLY. If this request is not previously revoked, the undersigned agrees that it will AUTOMATICALLY EXPIRE AT THE END OF SIX MONTHS UNLESS A REQUEST IS MADE before that time for the Stop Payment to continue in force. For expense in handling this stop payment order we will charge your account.</p> <p>_____</p> <p>MEMBER'S AUTHORIZED SIGNATURE</p> </div> </div>		