

# STOP PAYMENT ORDER

Drawn on: Cedar Point Federal Credit Union  
22745 Maple Road  
Lexington Park, MD 20653

Date Order Received: \_\_\_\_\_

Account Number: \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Please stop payment on **one** of the following:

Share Draft Number: \_\_\_\_\_

OR range of share draft numbers: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

OR draft amount: \_\_\_\_\_

Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

Please stop payment on the draft(s) described above, unless you have already paid, certified, or accepted it. I understand that **this request will cease to be effective six months from the date shown**, unless it is previously canceled or renewed in writing by me. Cedar Point Federal Credit Union will not be liable for payment of the draft, contrary to this request, unless payment is caused by the Credit Union's negligence and caused actual losses for me. The Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

**Stop Payment Orders requested by phone or by fax will be removed if original signature is not received by Cedar Point Federal Credit Union within 14 days.**

Date Stop Payment Order was \_\_\_\_\_

Mailed/Faxed to Member: \_\_\_\_\_

Date Received: \_\_\_\_\_

**\*\*\*Cedar Point is not liable for drafts that clear within 24 hours of this request\*\*\***

**FEE: \$15.00 per draft**

Order Requested By (*Please Print*) \_\_\_\_\_

Signature \_\_\_\_\_

*Credit Union Use Only*

Time Order Received: \_\_\_\_\_

Order Received By: \_\_\_\_\_

Entered By: \_\_\_\_\_

Requested by Mail: \_\_\_\_\_

Requested by Phone: \_\_\_\_\_

Requested by Fax: \_\_\_\_\_

Requested in Person: \_\_\_\_\_