

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: \$25.00 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: _____