

JACO FEDERAL CREDIT UNION

STOP PAYMENT REQUEST

Date of Request _____ Account Number _____

Account Name _____

Reason for Stop Payment _____

Amount \$ _____ Check #: _____ Stop Payment Fee of \$ 35.00

_____ **Payment of \$35.00 if enclosed to cover fee.**

_____ **Please take \$35.00 out of my account to cover fee.**

Stop Payment Terms

If the check (that a stop payment has been placed on) is found or is delivered in the mail, You will mail it back to Jaco Federal Credit Union at P O BOX 550, Ruston, LA 71273-0550. DO NOT CASH THE CHECK.

By signing this form, you agree to all terms.

Signature _____ **Date** _____