

# Check/Share Draft Stop Payment Request



The purpose of this form is to stop payment on a check/share draft transaction only, this does not include bill payment. If urgent, a Stop Payment may be placed by phone, but is not guaranteed until after receipt of this form. This form must be completed within 14 days of the estimated date that the item is to be presented to the account. The account holder understands that the request must be received in time to give Delaware Alliance Federal Credit Union reasonable time to act on it.

**If you believe there is or will be fraud on your account, please contact Member Services.**

Member Information		
Member Name		Member Number
Daytime Phone	Cell Phone	Member Email Address
Stop Payment Details		
Payee		Date of Transaction (Approximate Date)
Transaction Amount \$		Check Number: <i>(or range of numbers):</i>
Reason for Stop Payment:		

Delaware Alliance Federal Credit Union is hereby directed to attempt to stop payment of the following Check/Share Draft from my account as described above.

I agree that the Credit Union will not be liable for paying a debit for 3 banking days from the date the stop payment request (oral or written) is received.

I understand that the Credit Union cannot identify and therefore attempt to stop a Check/Share Draft if the amount or number of the draft is different from the amount or number above.

I agree to indemnify the Credit Union against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this Request to Stop Check/Share Draft Payment.

I agree that the Credit Union must receive this form signed within 14 days of an oral request to stop payment. If the Credit Union does not receive it, the stop payment will cease to exist.

I acknowledge that this stop payment order will remain in for up to (6) six months.

I acknowledge receipt of a copy of the Request to Stop Payment and accept and agree to the terms hereof. I understand there will be a charge for each stop payment processed on my account as disclosed in the schedule of fees.

**A \$35 FEE will be charged to your checking account for processing the Stop Payment request. The Stop Payment will not be processed if the Fee is not available in the account. The Stop Payment FEE is non-refundable.**

Member Signature	Date
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Fax this completed form to 302-577-2837, or scan & email to [info@all4youfcu.org](mailto:info@all4youfcu.org) or deliver/ mail to Credit Union office at All4You Federal Credit Union 2320 N DuPont Hwy New Castle DE 19720-6327

Credit Union Use Only		
Date Received		Date Stop Payment Processed
Check/Share Draft Number(s):	Amount:	Processor Initials