DATE OF CHECK	CHECK#	AMOUNT OF CHECK	PAYABLE TO
REASON FOR STOP			
FULL ACCOUNT NUMBER			
322172742: III III			
IMPORTANT: In order to be effective, STOP PAYMENT ORDER must be received in time to give us reasonable opportunity to act on it, and it should precisely identify the number, date, the amount of the item, and who it is payable to. We cannot accept liability for failure to honor the stop payment if the check is cashed today by a First Credit Union teller, or has already been paid and not in file, or if any information you have provided us is incorrect. We strongly suggest you open a new checking account if the stop payment is fraud related.			
Please stop payment on the described check. Undersigned agrees to hold credit union harmless for the amount of the check and any loss, cost and/or expense incurred by reason of the credit union refusing payment. Credit union is not liable for payment contrary to this request if done through inadvertence, accident or otherwise lack of good faith or failure to exercise due care, or if by reason of payment other items drawn on the account are returned insufficient. Credit union's liability for payment contrary to this order shall in no event exceed the amount of the check. STOP PAYMENT ORDERS by phone are binding for 14 DAYS ONLY, unless the Account Owner(s) confirms this order in writing within that 14 day period.  STOP PAYMENT ORDERS will be REMOVED upon WRITTEN request, presented IN PERSON with			
proper ID at any branch location.  Member's Name: (Please Print)			
Address:			
Phone Numbers: (Work)		(Home)	
Properly signed STOP PAYMENT ORDERS are effective for (6) months after the date accepted and will automatically expire after that period unless renewed in writing.  Date of Request:  Member's Signature:			
RETURNED SIGNED ST	OP PAYMENT C	PRDER TO: First Credit Attn: Accou 25 S. Arizon Chandler, A	nt Dept a Pl, #111
Order taken by (Teller Coc Branch Location:  First paragraph read to	de):	EDIT UNION USE ONLY**	*

