INterra CREDIT UNION

PO Box 727 • Goshen, IN 46527

Stop Payment Request

Request received: ☐ In person ☐ By phone By _____

Date _____ Time _____ Fee _____

Account Number _____ Check # _____ Dated _____

Amount _____ Payable To _____

In asking this courtesy the undersigned agrees to hold the above institution harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check and further agrees not to hold said institution liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the information above and notify us immediately if incorrect.

Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is effective for only 14 days unless confirmed in writing within that period.

_____

Signature Date

_____

_____

_____

Stop Payment Release

The above request hereby withdrawn

_____

Authorized Signature Date