



# STOP PAYMENT REQUEST

Please complete this form accurately and submit it to Brokaw Credit Union immediately. Once it is received, it may take up to 24 hours to put in place.

A \$28.00 stop payment fee will be withdrawn from your checking account for a single item, or \$30 for multiple items.

**Share Draft Checking Account Number** \_\_\_\_\_  
**(Please write or type in account number exactly as shown on the bottom of your check)**

Date of Item	Draft Number	Amount of Item	Payable to:

Please stop payment on the share draft listed above unless you have already paid, or accepted it. I understand that this written request will be effective for six months from the date shown below and will need to be renewed in writing if I wish to keep it effective after that date. The Credit Union will not be liable for payment of the item contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to 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.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## Our Mailing Address

Brokaw Credit Union  
PO Box 151  
Brokaw, WI 54417-0151  
tel: 715-675-2319  
fax: 715-675-5511