Rutgers University Student & Alumni Federal Credit Union

STOP PAYMENT FORM

Service Fee $15.00

DATE OF DRAFT	DRAFT NUMBER	AMOUNT OF DRAFT	PAYABLE TO:

Account Number:

I understand the stop payment will take 24 hours to begin and will be in affect for 6 months from today's date.

Member's Initials: _____

Please stop payment on the draft described above, unless you have already paid , certified or accepted it. I understand that this request will cease to be affective six months from the date shown below, unless it is previously cancelled or renewed in writing by me. The credit union will not be liable for payment of the draft contrary to this request unless payment is caused by the credit union 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 Name _____ Date _____

NOTE: A photocopy of an ID must be faxed in order to process request.

FOR OFFICE USE ONLY:

RECEIVED: _____

_____
SIGNATURE OF C.U. EMPLOYEE

Please fax completed form to:
Rutgers University Student & Alumni Federal Credit Union
Fax: (732) 932-7968