

NEW CUMBERLAND FEDERAL CREDIT UNION

DATE: _____ TIME: _____ ACCT NO. _____

____ STOP PAYMENT ____ UNAUTHORIZED CHECK NOTICE

ON ITEM DESCRIBED BELOW.

ACCOUNT OF:

PAYABLE TO:

NO.	AMOUNT	DATED	ORDER REC'D BY
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NOTES

DUPLICATE CK ISSUED ____YES ____NO

THE UNDERSIGNED AGREES TO HOLD YOU HARMLESS FOR ALL EXPENSES AND COSTS INCURRED BY YOU ON ACCOUNT OF REFUSING PAYMENT ON SAID ITEM, AND FURTHER AGREES NOT TO HOLD YOU LIABLE ON ACCOUNT OF PAYMENT CONTRARY TO THIS REQUEST IF THE SAME OCCURS DUE TO CIRCUMSTANCES BEYOND YOUR CONTROL, OR IF BY REASON OF SUCH PAYMENT ANOTHER ITEM OR ITEMS DRAWN BY THE UNDERSIGNED IS OR ARE RETURNED UNPAID FOR INSUFFICIENT FUNDS.

ACKNOWLEDGEMENT IS HEREBY MADE OF THE RECEIPT WHICH TAKES EFFECT **SIX MONTHS** FROM THE DATE OF THIS ORDER.

Additional Notes SIGNATURE per phone request

COMPANY/FORMS/TELLER FORMS/STOP PAYMENT & UNAUTH CHECK FORM

EFFECTIVE 8/2022

Teller # _____ Date Teller Received: _____ Processed by: _____ Date Processed: _____

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