

## FEDERAL CREDIT UNION

Stop Payment Request

Please print legibly. For assistance with this form, please call us at (718) 847-0202

Please complete entire form to avoid processing delays and then mail or fax to us.	
Mail: Northeastern Operating Engineers Federal Cred	it Union Fax: (718) 847-2525
Attention: Member Services	Attention: Member Services
16-16 Whitestone Expressway	
Whitestone, N.Y. 11357	
Member Information	
Date:	Daytime Telephone:
Name: (Last, First, Middle)	E-mail Address:
Signature:	Social Security # / Taxpayer ID #:
Check Information	
Account #:  [ ] Teller Check (written by Credit Union on my behalf) [ ] Check written by me [ ] Series of checks	
Check #:	Amount of Check:
Payee:	Date Written:
Reason for stop payment:	
Additional Information:	
Authorization	
I authorize you to place a stop payment on the share draft or check indicated above. Stop payment orders are valid for six months. I realize that I will be charged a fee for this service as indicated in the Rate and Fee Schedule.	
Signature:	
Signature:	
For Credit Union Use Only:	
Date & Time of Stop Payment:	
Funds Redeposited to Member's Account:	
NOEFCU Employee's Initials:	08/16