



# STOP PAYMENT FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date Written

\_\_\_\_\_  
Amount of Check

\_\_\_\_\_  
Payable To

\_\_\_\_\_  
Check # to Stop

**Disclosure: You need to sign and return this form to create a stop payment that is valid for 180 days.**

*Patterson FCU will not be responsible for checks that have already been processed or presented.*

*A fee of \$25 will be charged to your checking account for processing the stop payment request.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I understand it is my responsibility to update any and all stop payments  
not the responsibility of my Credit Union.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You Must Print, Sign, and Return to Credit Union**

(by mail, fax or in person) A signature is needed to complete the process

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