



Stop Payment Request: Share Draft

Name _____ Joint Account Holder _____

Account No. _____ Check Digit _____

Phone No. _____

Share Draft No.	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Reason _____

I understand that my account will be charged a \$20.00 fee for each item. I also understand that this stop is valid for six months.

Member Signature

Date

FAX 626.350.1400