



STOP PAYMENT AUTHORIZATION

One item per form please.

Member Name: _____

Stop Date: ____/____/____

Contact Phone: _____

GCU Account #:

Time of Day: _____ AM / PM

Received by GCU: _____ (initial)

CHECK STOP PAYMENT

ACH STOP PAYMENT

GCU is authorized to **stop payment** on the following item(s).

Check Number: _____

Payable to: _____

Dollar Amount: \$ _____

This is a lost/stolen checkbook series:
 to

Date of Item / Lost: ____ / ____ / ____

SERVICE FEE: \$29 per STOP PAYMENT

GCU is authorized to **stop/revoke payment** on the following item/company.

Debit From: _____

Dollar Amount: \$ _____

Date of Item: ____ / ____ / ____

CHECK ONE and INITIAL

I want to stop payment this ONE time only ____

I want to REVOKE this permanently. ____

SERVICE FEE: \$29 per STOP PAYMENT/REVOKE

Reason for the stop payment / revoke request:

It is my understanding and agreement, as the above account holder and undersigned, to hold Glenview Credit Union (GCU) harmless for the said amount(s) as well as for all expenses and costs incurred by it on account of refusing payment of the checks indicated. I further agree to not hold GCU liable on account of a payment made through inadvertence or accident contrary to this request. I have verified the dollar amount(s) and details written above and will notify GCU immediately should there be any difference or inaccuracy.

Uniform code provides that a written stop payment authorization is binding upon GCU for 6 months from the stop date above, UNLESS it is renewed in writing. Oral stop payment authorizations being processed are only effective for 14 days until confirmed in writing or by signing and returning this document via facsimile to 847-724-1808 or by scan/email to info@GlenviewCU.org.

Authorized signature: _____ Date: ____/____/____

Approved by GCU: _____ Date: ____/____/____

www.GlenviewCU.org MemberService@GlenviewCU.org PH: 847.724.6306 FAX: 847.724.1808
STOP PAYMENT RELEASE: The above request is withdrawn by: [NOTE: do not sign here unless you are canceling the stop pay.]

Authorized signature: _____ Date: ____/____/____

Approved by GCU: _____ Date: ____/____/____