



NORTHEASTERN
ENGINEERS
FEDERAL
CREDIT UNION

Stop Payment Request

Please print legibly. For assistance with this form, please call us at (718) 847-6801, extension 226.

Please complete entire form to avoid processing delays and then mail or fax to us.	
Mail: Northeastern Engineers Federal Credit Union Attention: Member Services 115-06 Myrtle Avenue Richmond Hill, N.Y. 11418	Fax: (718) 847-2525 Attention: Member Services
Member Information	
Date:	Daytime Telephone:
Name: (Last, First, Middle)	E-mail Address:
Signature:	Social Security # / Taxpayer ID #:
Check Information	
Account #:	<input type="checkbox"/> Teller Check (written by Credit Union on my behalf) <input type="checkbox"/> Check written by me <input type="checkbox"/> 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:	

<p><u>For Credit Union Use Only:</u></p> <p>Check Digit Number: _____</p> <p>Member Svc Rep at Other Financial Inst.: _____</p> <p>Date & Time of Stop Payment: _____</p> <p>Verification Number: _____</p> <p>Funds Redeposited to Member's Account: _____</p> <p>NEFCU Employee's Initials: _____</p>
