



SHARE DRAFT STOP PAYMENT REQUEST

MEMBER NAME _____

MEMBER ACCOUNT NUMBER _____ CK DIGIT _____

Share Draft #	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

Reason _____

I understand that my account will be charged a \$20.00 fee for each item. I also understand this stop is valid for 6 months.

MEMBER SIGNATURE: _____ Date _____

Fax: 626-246-3141