



200 North 16th Street (FP0200)
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 Fax: (800) 705-9069 or locally (215) 751- 9872
 www.sb1fcu.org or e-mail: mail@sb1fcu.org

Instructions: Complete either section 1 or 2, then complete section 3.

Section 1. Stop Payment Order (share draft, check) (\$15.00 fee)

Please stop payment on the draft described below, unless you have already paid, certified, or accepted it. I understand that this request will cease to be effective six months from the date shown below, unless it is previously cancelled or renewed in writing by me. The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I agree that a \$15.00 service fee will be applied to my account.

ORAL REQUEST by Teller # _____ (lapses in 14 days, unless followed up with a written request)

Date of Draft:	Draft Number	Amount of Draft	Payable To:
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Share Draft (Checking) Account Number:

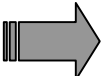
Section 2. Stop Payment request for Cashier's Check or Certified Share Draft (no fee)
Note: A notarized statement (see o:stop pmt ackn.doc) from any payee other than the account owner reflecting the statement below is required for any check in excess of \$1,000.00.

I request that the Credit Union stop payment on cashier's check or certified share draft number _____ in the amount of \$ _____ issued on _____, issued to _____ for the following reason:

Lost Stolen Destroyed Other

I certify under penalty of perjury that as "Claimant" I am a person who claims the right to receive the amount of a cashier's check, or certified check that was lost, destroyed, or stolen. This "Declaration of loss" is a statement, to the effect that (i) the declarer lost possession of a check, (ii) the declarer is the drawer or payee of the check, in the case of a certified check, or the remitter or payee of the check, in the case of a cashier's check, (iii) the loss of possession was not the result of a transfer by the declarer or a lawful seizure, and (iv) the declarer cannot reasonably obtain possession of the check because the check was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process. I have not deposited, cashed, or otherwise negotiated, nor do I have possession of, or any valid future claim regarding the above-mentioned check. I agree to indemnify the credit union against any and all loss, liability, costs, claims, damages, or expenses, which result from the credit union complying with this request. In addition, I agree to notify the credit union promptly, in writing, if the check is found or recovered.

Section 3. Signature (always required)



Sign Here _____ Print Name _____

Member Number _____ Date _____ Daytime Phone Number _____

E-Mail address: _____ May we contact you by e-mail? Yes No