Check Stop Payment Form

Phone: 703.914.8700 / 540.986.0652
Fax: 703.245.0540
infirstfcu.org

Please complete the information below to ensure that the credit union will be able to stop payment on the check(s) indicated below. A stop payment fee applies, and is due at the time that this request is processed. If you do not have sufficient funds available when we receive the form, we will be unable to process your Check Stop Payment request. Please allow up to 24 hours, or one business day, for the credit union to process this request. Once this form has been completed, please fax the form to **703.245.0540.**

Date of Request: Member Name: Member Number:

Reason for Stop Payment:

(Series) Low Check Number: High Check Number:

Check Number:

Amount of Check (optional):

Payable to (optional):

I understand that the stop payment is valid for 180 days (6 months) and that a $32 fee will be debited from my account upon receipt of this request. Stop payments may be processed in Online or Mobile Banking for a $10 fee.

Member Signature: Date:

Office Use Only

Date Received:

Date Stop Payment Placed:

Initials: