



Greenville
Federal
Credit Union

Join and prosper.®

STOP PAYMENT ORDER

Office Use Only:

***15.00**

Code _____

Confirmation # _____

**SERVICE FEE WHICH
WILL BE CHARGED TO
DRAFT ACCOUNT**

Draft Date	Draft Number	Draft Amount	Payable To	Reason For Stop Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Draft Account Number

Print Member Name

Please stop payment on the draft described above, 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. * (\$37.50 per stop order if account balance is insufficient to clear stopped item.)

The Credit Union will make every effort to honor a Stop Payment request. Until the signed Stop Payment order is returned to the Credit Union, the Credit Union will assume the liability for returning the draft "Stop Payment" only within the 14-day grace period.

Request Date

Member's Signature

FAX NUMBER: (864) 370-9414