

Share Draft Stop Payment Form Instructions and Information on Processing

Frequently Asked Questions

1. Has the check already cleared the account?

YES (Stop Pay can NOT be placed) **NO** (Stop Pay form must be completed)
If the check was fraudulently cashed, contact our office for the correct form.

2. Was the check cashed or presented for payment at a Shared Service Center location?

YES (Stop Pay can NOT be placed) **NO** (Stop Pay form must be completed)

Information

- Fax the completed form to 404-676-8894, or deliver to credit union office.
- The Credit Union will confirm receipt and post it the same day if received by 4PM EST on a regular business day. If it is received after 4PM EST or on a weekend or holiday, then the request will be processed next working day.
- A FEE will be charged to your checking account for processing the Stop Payment request. The Stop Payment will not be processed if the FEE is not available in the account.
- The Stop Payment is NOT guaranteed for 24 hours after processing.
- The Stop Payment is permanent unless removed by the member, in writing.
- The Stop Payment FEE is non-refundable.
- In some cases a Stop Payment may be placed by phone with one of our member service representatives, but it is not guaranteed until after receipt of this form.
- NOTE: We will assume no liability if the member decides not to change his/her share draft account number, after reporting a check lost or stolen.

Form Instructions

* Indicates Required Information

Field	Explanation	Example
Member Name *	Name on account	Jane Doe
Member Number	Located on upper right corner of bank statement	12345678
Share Draft ID (checking account number)*	Second set of numbers on bottom of check – generally 5 to 8 digits	0123456
Check Number *	Upper right corner of check	1234
Amount *	The amount written on the check BE EXACT or stop pay not guaranteed	\$10.28
Date Issued *	Date written on check	01/01/2006
Name of Payee	Individual/Business to receive funds	'John Doe' or 'Fix-It Repairs'
Reason for Stop payment *	Why item needs to be stopped?	Check lost in mail
Signature *	Confirms information is accurate and confirms authorization of request	REQUIRED
Date *	Day stop payment is requested	1/30/2006

STOP PAYMENT FORM

Member Name:	
Member Number:	
Share Draft ID:	
Check Number:	
Amount:	
Date Issued:	
Name of Payee:	
Reason for Stop Payment:	
Signature & Date:	
<p>Stop Payment fee on Share Draft Account is \$28. Stop Payment <u>cannot</u> be placed due to insufficient funds.</p>	
OFFICE USE ONLY:	
Stop Payment Date:	
Reissued Check Number:	

NCUA

The Credit Union is
federally-insured by the
National Credit Union
Administration

**You may fax this form to:
The Coca-Cola Company
Family Federal Credit Union
Fax: (404) 676-8894**