

## 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.

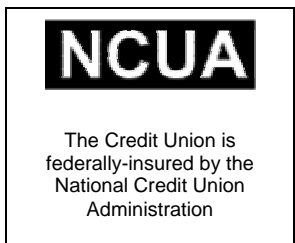
### Form Instructions

\* Indicates Required Information

Field Ex	planation	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 <b>BE EXACT or stop pay not guaranteed</b>	\$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

<b>Member Name:</b>	
<b>Member Number:</b>	
<b>Share Draft ID:</b>	
<b>Check Number:</b>	
<b>Amount:</b>	
<b>Date Issued:</b>	
<b>Name of Payee:</b>	
<b>Reason for Stop Payment:</b>	
<b>Signature &amp; Date:</b>	
<p><b>See Rate and Fee Schedule for Stop Payment Fee amount. Stop Payment <u>cannot</u> be placed due to insufficient funds.</b></p>	
<b>OFFICE USE ONLY:</b>	
<b>Stop Payment Date:</b>	
<b>Reissued Check Number:</b>	



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