



PO Box 923071 • Sylmar, CA 91392  
Ph: 818-367-1057 • Fax: 818-362-3467

**OFFICIAL CHECK STOP PAYMENT FORM**

A \$10 fee will be charged for an Official Check Stop Payment. Fax Back to (818) 362-3467.

In this "Order to Resist Payment" Agreement and Disclosure Statement, the words 'I', 'me', 'we', 'my' and 'mine' mean those members who sign below. The words 'you', 'your', and 'yours' mean Olive View Federal Credit Union. This form may only be used to request a stop payment on an Official Check issued by Olive View Federal Credit Union (You) on behalf of the member signed below (Me).

Member's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**I hereby order you to attempt to resist payment on the following Official Check:**

Official Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Payee (Payable To): \_\_\_\_\_

Reason (Select/Circle One):    Lost /    Stolen /    Destroyed /    Not Received

*I agree to indemnify, defend and hold harmless Olive View Federal Credit Union and hereby accept full responsibility for all liability resulting from the Credit Union issuing a stop payment at my request.*

*I understand that you may not be able to resist payment on the above-described Official Check. If you are unable to resist payment, I agree that you shall be entitled to charge my account for the amount paid.*

*This request to resist payment expires 3 months from the issue date on the Official Check.*

*There is a 10-day waiting period before I can receive a replacement or refund for this Official Check. If the Official Check is found or delivered to me, I agree and pledge to return the item to the Credit Union.*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

-----Below is for Olive View FCU use only-----

Fee Posted:    Y    /    N       Date: \_\_\_\_\_    Teller Initials: \_\_\_\_\_

Verification/Confirmation #: \_\_\_\_\_