



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

**SHARE DRAFT STOP PAYMENT**

Olive View FCU must receive your stop payment request a minimum of 3 days before the check attempts to post to your account. This stop payment request is good for 6 months. After 6 months, you must renew the stop payment order. A \$25 fee will be charged for this stop payment request.

ALL INFORMATION BELOW (#'s 1 – 9) MUST BE COMPLETED in order to be processed:

Fax back to: (818) 362-3467

1. Date of request: \_\_\_\_\_

2. Member Name: \_\_\_\_\_

3. Account Number: \_\_\_\_\_

4. Daytime Phone Number: \_\_\_\_\_

**-SHARE DRAFT STOP PAYMENT REQUEST-**  
(Information **MUST** be specific and complete in order to be processed!)

5. Check is payable to: \_\_\_\_\_

6. Check Number: \_\_\_\_\_ or Check Range Number: \_\_\_\_\_ to \_\_\_\_\_

7. Exact Amount: \$ \_\_\_\_\_ (must be exact amount for check to be stopped)

8. Reason for Stop Payment:  
\_\_\_\_\_

This form acknowledges members' request to stop a payment on the check or range of checks shown above. Unless: (1) All information is completed. (2) Member's signature appears below. (3) \$25.00 fee is available in the account; the request shall NOT be binding on Olive View FCU.

9. Member's Signature X \_\_\_\_\_ Date: \_\_\_\_\_

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

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