



## Paper Check Stop Payment Request

Form may be returned by fax to 678-290-2863

Date of Request \_\_\_\_\_

**Stop Payment Terms:** I understand a stop payment order must be received in time to allow LGE a reasonable opportunity to act on it prior to receiving the debit entry, usually three business days. To be effective, the stop payment order must also sufficiently identify the payment. LGE agrees to stop payment on the referenced item(s) whereas the account holder (member) agrees to the following conditions: Stop payment requests can only be done by stopping a particular check number (for physical checks).

Account # \_\_\_\_\_ Member Name \_\_\_\_\_

Payee Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Date Written \_\_\_\_\_

Reason for Stop Payment \_\_\_\_\_ Date Notified \_\_\_\_\_

I hereby request a Stop Payment order on the above debit. I realize there is a **\$30.00 service fee** for this Stop Payment Request to be debited from my account. If the item is presented by a different method than I have indicated, the item may still be paid with no liability to LGE. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. A written order is effective for six months unless renewed in writing. I understand that if I authorize another payment to this company for any amount, I must advise LGE in writing in order to prevent the return of the newly authorized entry. LGE is not responsible for posting or return errors caused by insufficient or inaccurate information. In requesting the credit union to stop payment of this item, you agree to hold the credit union harmless for all expenses and costs incurred for non-payment of this item. [NOTE: This Stop Payment Order applies to any actions to submit the item specifically described in the paper form which you tender to the party listed as "Payable To" above. The Credit Union is not able to control the actions of third persons; and therefore is not responsible or liable for any actions undertaken by any person that results in an alteration of the Check described herein, or any action to convert the item to an ACH or other electronic item that is then submitted for payment.]

Signature \_\_\_\_\_ Date \_\_\_\_\_

LGE Rep (Initials & Tlr#) \_\_\_\_\_ Branch # \_\_\_\_\_ Date received \_\_\_\_\_