

**STOP PAYMENT FORM**

Last Name

First Name  MI

Street Address

City   
State  Zip

Account #

Payable to

Amount

**Brookland FCU**  
1058 Sunset Boulevard West  
Columbia, SC 29169  
Fax: 803.794.9204

Cell

Home

E-mail

Check # to Stop

Date Written

**Disclosure:** You need to sign and return this form to create a stop payment that is valid for 180 days. Brookland Federal Credit Union will not be responsible for checks that have already been processed or presented. A fee of \$29.00/Request will be charged to your checking account for processing the stop payment request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I understand it is my responsibility to update any and all stop payments not the responsibility of my Credit Union.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You Must Print, Sign, and Return to Credit Union**  
(by mail, fax or in person)  
A signature is needed to complete the process