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# EPB EMPLOYEES CREDIT UNION



## Stop Payment Order Form

### Stop Payment Order Form

Date of Draft

Draft Number

Amount of Draft

Payable To

Account Owner's Name (type):

Please stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date shown below, unless it is previously canceled or renewed in writing by me. EPB Employees Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by EPB Employees Credit Union's negligence and causes actual loss to me. EPB Employees Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse EPB Employees Credit Union for any loss it sustains in honoring this request.

I understand that my draft account will be charged \$30 for each stop payment request.

Name: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Please note that you should telephone the Credit Union as soon as possible to effect this stop payment order. If a draft has already cleared your account, the only other means for returning a paid draft is from forgery (theft, alteration, unauthorized signature of maker or endorser).