



ZIA CREDIT UNION
PO Box 490
Los Alamos NM 87544
(505) 662-4671

STOP PAYMENT AUTHORIZATION

Name: _____ Acct. # _____

Source /Check Number	Dated	Payable to:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In asking this courtesy the undersigned agrees to hold the above named institution harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check(s)/drafts (s) ACH, and further agrees not to hold said institution liable on amount of payment contrary to this request if made through inadvertence of accident. If a duplicate ACH, check/draft is issued or if the original ACH, check is returned, the undersigned agrees to notify this institution promptly.

Uniform code provides that a written stop payment order is binding upon an institution for only (6) months unless renewed in writing.

Any stop payment request made after 2:00 p.m. MST will not be processed until the following business day.

I have read the above statement and understand my account was charged \$_____ for a stop payment fee.

Member Signature _____ **Daytime Ph.** _____ **Date** _____

Employee: _____