

## Stop Payment Request

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_ Contact info: \_\_\_\_\_

(Enter phone number where you can be reached during the day)

This form is used for requesting Stop Payments on pending cheques or pre-authorized debits drawn on Ontario Civil Service Credit Union Ltd. (The Credit Union) accounts only. Your request MUST be confirmed by The Credit Union staff before the stop payment can be processed. You will receive telephone confirmation upon receipt. The Credit Union will not request personal financial information via email.

***NOTE:** Stop payments will be in place for a period of 6 months and are subject to a fee. Refer to current fees posted on our website. Stop payments are effective the NEXT business day from the date received by The Credit Union. You must have sufficient funds to cover the item when it is processed or it will result in an NSF charge to your account. A stop payment cannot be placed on The Credit Union payments. The Credit Union is not responsible if your request cannot be processed because the payment has been made, or you provided incomplete or incorrect information. For best results when placing a stop payment, please provide full details. Payment details include amount, cheque number (not required for pre-authorized debits), date of cheque or pre-authorized debit & payee. Incomplete details are subject to a higher fee.*

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### Stop Payment Information:

Stop Payment type: \_\_\_\_\_ Amount: \_\_\_\_\_  
(I.E. Cheque or Pre-Authorized Debit)

Cheque Number: \_\_\_\_\_

Date of Cheque/Pre-Authorized Payment: (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payee: \_\_\_\_\_  
(Please note we cannot accept stop payment requests for cheques payable to "Cash".)

Reason for stop payment: \_\_\_\_\_

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By sending this I/we hereby agree to indemnify Ontario Civil Service Credit Union Ltd. (The Credit Union) for all costs and liabilities The Credit Union may incur for acting on this stop payment request and further agree to hold The Credit Union free of all liability should payment be made contrary to this request, if such payment occurs through inadvertence or accident.

Member Signature: \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Credit Union Use Only

Time Lodged: _____	Date Lodged: _____
Verified by: _____	Entered by: _____